UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

IN RE: City of Detroit Hereial Retriement System * 500 Wood Ward ave. Suite 3000 Detroit, Michigan 48226 -5493	CASE NO: <u>13 -53846</u> CHAPTER: <u>9</u> JUDGE: <u>////////////////////////////////////</u>
Debtor/	SEP 16 A
MOTION FOR/TO <u>Selfing Minetary Re</u> luditor NOW COMES Destar(s), and brings this motion. In supp	luditor Thelite
states the following [state the facts]:	
1. Add not agree with The lity & Del Regarding "Motion En I # the a a Themasena Barge (Dacket # 11	ale llach 'Filed By (61)" (Nocat #11392)
	Pension Payroll Monthly 10,51" Under the Month & January.
3. Orderen La Marine Anguing Report for 2003; in addition Uteroy Detroit Pension Pregroll Mont 2014 1079 Reducer Ponsion Rate Scher WHEREFORE, Dessar requests this Court to consider D	ine the annunity Refund to Asmene Relicoment Systems The Pacys for 2014 E' 2015, tube Uniter

further relief this Court deems equitable and just. A copy of a proposed Order is attached hereto.

Dated: Deptember 16, 2016

Respectfully submitted, (Reber Signature) Print Name: _______ BARGE

(Co-Debtor's Signature) Print Name: _____

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

IN RE: City & delioit Heneral Returement System * 500 Woodward ave. Sunte 3000 Netron, Michegan 48226 5493

CASE NO: 13 - 53846CHAPTER: 7 JUDGE: Tuc

Debtor.

ORDER GRANTING MOTION TO/FOR decing Monetary OCREL #11392

This matter having come before the Court on **Destroy** motion, the Court having

considered the motion, and having found cause:

IT IS ORDERED that the motion is granted.

Form B20A(Official Form 20A 12/1/10

UNITED STATES BANKRUPTCY COURT Eastern District of Michigan

In re: Thomasena Barge AKA Thomasene Barge

Chapter: 9 Case No.: 13-53846 Judge: Michan

Cuditor Address 522

Last four digits of Social Security or Employer's Tax Identification (EIN) No(s).(if any): <u>926</u>

NOTICE OF [MOTION] [OBJECTION]

Debtor has filed papers with the court <u>Beeling Monetary Relief (Norret</u> #11392) {relief sought in motion or objection}

<u>Your rights may be affected</u>. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the court to ______ [relief sought in motion or objection], or if you want the court to consider your views on the [motion] [objection], within _____ days, you or your attorney must:

1.

File with the court a written response or an answer, explaining your position at:¹

Top Stiel 48226

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above. All attorneys are required to file pleadings electronically.

You must also mail a copy to [enter your name and address and name and address of others to be served]:

2. If a response or answer is timely filed and served, the clerk will schedule a hearing on the motion and you will be served with a notice of the date, time and location of the hearing.

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

Date: <u>116/2016</u>

Signature <u>Markasena</u> Barge Name THOWASENA BARGE Address 5226 NEWPORT S. DETROIT, MICHAGTAL 48213

¹ Response or answer must comply with F. R. Civ. P. 8(b), (c) and (c)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

IN RE: City of Setroit

CASE NO: <u>13-53846</u> CHAPTER: <u>9</u>

Debtor.

CERTIFICATE OF SERVICE

I hereby certify that on _____ (date of mailing), I served

copies as follows:

1. Document(s) served: * Notice of Motion * Motion Decking Monetony Relief (Nocket #/1372) * Orden Hunting Motion * Contention of Doroice * Continuite of Doroice * appender of Exhibits (8)

2. Served upon [name and address of each person served]: Uty & Attent Heneral Returnment dystems to 500 Wordward ave. Suite 3070 Detroit, Meichegen 48226-5493

3. By First Class Mail.

Dated: Deptember 16, ZOL

rmásene (Signature)

HARGE Print Name: THOMASENA

ANN-005 1/4/16 11:46 am	Retirement Systems City of Detroit Annuity Refund Inquiry Report	
BARGE,THOMASENA		
Revenue Group General City	Payroll Status Terminated <u>Annuity Status</u> Retired	
Vested? No Birth Date	07/20/1942 Start Date 07/09/1978 WComp Status	
Annuity Address 02220 LAWRENCE	204 DETROIT, MI 48206	

Recoupment

Last Annuity Date 05/16/2003

Accumulated	Balance	Interest		Adjustmen	<u>its</u>
July 1 Balance	\$0.00	<u>Up To 1970</u>	\$0.00	Pre Tax	\$0.00
Current Contribution	\$0.00	<u>Total To Date</u>	\$0.00	Post-Tax	\$0.00
<u>Total To Date</u>	\$0.00	Current Year	\$0.00	Interest	\$0.00
Total Contributions	\$0.00	Pre-Tax Contribution	\$0.00	<u>Total</u>	\$0.00
Non-Taxable Amount	\$0.00	Taxable Amount	\$0.00		
<u>Total Annuity</u>	\$0.00	<u>Net Annuity</u>	\$0.00		

Retirement Systems City of Detroit 1/4/16 11:43 am Pension Payroll Monthly Pays 2015

Social 9261-0

Name BARGE, THOMASENA

Pension Number

	January	February	March	April	May	June
Pension	\$283.87	\$283.87	\$266.40	\$266.40	\$266.40	\$266.40
Annuity	\$1,800.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gross	\$2,084.38	\$283.87	\$266.40	\$266.40	\$266.40	\$266.40
Federal Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net	\$2,084.38	\$283.87	\$266.40	\$266.40	\$266.40	\$266.40
Check No.	1000281986	1000284603	1101060900	1101071256	1101081624	1101091964
Adj/Pay Type	A 0	0	0			

	July	August	September	October	November	December	TOTAL
Pension	\$266.40	\$266.40	\$266.40	\$266.40	\$266.40	\$266.40	\$3,231.74
Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,800.51
Gross	\$266.40	\$266.40	\$266.40	\$266.40	\$266.40	\$266.40	\$5,032.25
Federal Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net	\$266.40	\$266.40	\$266.40	\$266.40	\$266.40	\$266.40	\$5,032.25
Check No.	1101102308	1101112682	1101123058	1101133431	1000300468	1101154225	
Adj/Pay Type							

YTD Due City \$0.00

Instant Retirement Systems City of Detroit 1/4/16 11:49 am Pension Payroll Monthly Pays 2014

Social 261-0

Name BARGE, THOMASENA

Pension Number

	January	February	March	April	May	June
Pension	\$0.00	\$0.00	\$37,065.70	\$235.81	\$235.81	\$235.81
Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gross	\$0.00	\$0.00	\$37,065.70	\$235.81	\$235.81	\$235.81
Federal Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net	\$0.00	\$0.00	\$37,065.70	\$235.81	\$235.81	\$235.81
Check No.	0000000000	0000000000	1000257056	1000259094	1000261043	1000262978
Adj/Pay Type			A	A 0	A 0	A 0

	July	August	September	October	November	December	TOTAL
Pension	\$235.81	\$240.85	\$240.85	\$240.85	\$277.41	\$290.85	\$39,299.75
Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gross	\$235.81	\$240.85	\$240.85	\$240.85	\$277.41	\$290.85	\$39,299.75
Federal Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net	\$235.81	\$240.85	\$240.85	\$240.85	\$277.41	\$290.85	\$39,299.75
Check No.	1000266741	1000270481	1000274366	1000276314	1000278228	1000280137	
Adj/Pay Type	A 0	A 0	A 0	A 0	A 0	0	

YTD Due City \$0.00

	_					-/	
DAVER'S name atmost address site ate		RECTED (if checked)	01/01/0	1545 0440		
PAYER'S name, street address, city, sta GENERAL RETIREMENT SYSTEM		1 Gross Distribution	_	UMB NO.	1545-0119	Distributions from	
OF THE CITY OF DETROIT	n	\$39,299.7	5	20	14	Pensions, Annuities Retirement or Profit	
500 WOODWARD AVE STE 3000		2a Taxable Amount		<u>پ</u> ک	1-9	Sharing Plans, IRAs	
DETROIT, MI 48226-5493		\$39,299.75		Form 1	099R	Insurance Contracts, etc	
PAYER'S Federal Identification number		2b Taxable amount not determined		Total Distribution	1	Copy E	
38-2457952	9261	3 Capital gain (include	l in box 2a)	4 Federal Incom	e tax withheld	Report this income on your Federal tax return.	
		5 Employee Contributio	ons	\$0.	.00	If this form shows	
RECIPIENT'S Name and Address		/Designated Roth Cont		6 Net unrealized	appreciation	Federal income tax	
NECIFIENT S Name and Address		insurance premiums		in employer's	securities	withheld in box 4,	
		7 Distribution Code(s)	IRA/SEP/	8 Other	1	attach this copy to your return	
BARGE THOMASENA		7	SIMPLE				
		9a Your percentage of	total	9b Total employ	ee contribution	This information is being furnished to the Internal	
5226 NEWPORT ST		distribution 12 State tax withheld		13 State/Payer's	state no	Revenue Service.	
DETROIT, MI 48213-3741						14 State distribution	
10 Amount allocable to IRR within 5 11 years	1 1st Yr of Desig Roth contrib.	15 Local tax withheld		16 Name of loca	litv	17 Local distribution	
Account Number 395451							
Form 1099-R				D	epartment of the	Treasury - Internal Revenue Service	
		RECTED (if checked)		_			
PAYER'S name, street address, city, stat		1 Gross Distribution		OMB No.	1545-0119	Distributions from	
GENERAL RETIREMENT SYSTEM	A	\$39,299.7	5	201		Pensions, Annuities,	
OF THE CITY OF DETROIT		2a Taxable Amount	2a Taxable Amount			Retirement or Profit- Sharing Plans, IRAs,	
DETROIT, MI 48226-5493		\$39,299.7	5	Form 1099R		Insurance Contracts, etc.	
PAYER'S Federal Identification number	RECIPIENT'S Identification number	2b Taxable amount	1	Total	<u> </u>		
38-2457952	9261	not determined]	Distribution			
		3 Capital gain (included	in dox 2a)	4 Federal Incom			
		5 Employee Contributio /Designated Roth Contri		\$0. 6 Net unrealized		Copy C For Recipient's Records	
RECIPIENT'S Name and Address		insurance premiums		in employer's s		To necipient a necolua	
		7 Distribution Code(s) 7	IRA/SEP/ SIMPLE	8 Other			
BARGE THOMASENA		9a Your percentage of t	otal	9b Total employ	e contribution	This information is being	
5226 NEWPORT ST		distribution				furnished to the Internal Revenue Service.	
DETROIT, MI 48213-3741		12 State tax withheld		13 State/Payer's	state no	14 State distribution	
10 Amount allocable to IRR within 5 11 years	1st Yr of Desig Roth contrib		· · · · · · · · · · · · · · · · · · ·				
Account Number 395451		15 Local tax withheld		16 Name of loca	lity	17 Local distribution	
Form 1099-R				De	partment of the	Treasury - Internal Revenue Service	
		RECTED (if checked)		· · · · · · · · · · · · · · · · · · ·			
PAYER'S name, street address, city, state GENERAL RETIREMENT SYSTEM		1 Gross Distribution	_	OMB No.1	545-0119	Distributions from	
OF THE CITY OF DETROIT	l	\$39,299.75	5	201	Λ	Pensions, Annuities, Retirement or Profit-	
500 WOODWARD AVE STE 3000		2a Taxable Amount	•	¥ك`	-	Sharing Plans, IRAs,	
DETROIT, MI 48226-5493		\$39,299.75	;	Form 10	99R	Insurance Contracts, etc.	
PAYER'S Federal Identification number	RECIPIENT'S Identification number	2b Taxable amount	1	Total			
38-2457952	9261	3 Capital gain (included	in hoy 2a)	Distribution	a tax withheld	Copy 2	
				\$0.		File this copy with your	
		5 Employee Contribution /Designated Roth Contri		6 Net unrealized		state, city, or local income tax return,	
RECIPIENT'S Name and Address		insurance premiums		in employer's s		when required.	
		7 Distribution Code(s)	IRA/SEP/	8 Other	T		
		7 Distribution Code(s)	SIMPLE	o Ould			
BARGE THOMASENA		9a Your percentage of the	otal	9b Total employe	e contribution	This information is being furnished to the Internal	
5226 NEWPORT ST	r	distribution		I '''		intrasticu to tite intertial	

 \checkmark

i

 DETROIT, MI 48213-3741
 Construction
 Revenue Service.

 10 Amount allocable to IRR within 5 years
 11 1st Yr of Desig Roth contrib.
 15 Local tax withheld
 16 Name of locality
 17 Local distribution

Form 1099-R 13-53846-tjt Doc 11544 Filed 09/16/16 Entered 09/16/16 09:42:34 Page 8 of 13

RETIREMENT SYSTEMS - CITY OF DETROIT

Name Penson

<u>total</u>

SHOULD BEEN PAID

<u>begin</u>	end	<u>rate</u>	months	<u>days</u>		pay
8/1/2002	6/30/2003	\$ 224.18	11	0	\$`	2,465.98
7/1/2003	6/30/2004	\$ 233.84	12	0	\$	2,806.08
7/1/2004	6/30/2005	\$ 238.88	12	0	\$	2,866.56
7/1/2005	6/30/2006	\$ 243.92	12	0	\$	2,927.04
7/1/2006	6/30/2007	\$ 248.96	12	0	\$	2,987.52
7/1/2007	6/30/2008	\$ 254.00	12	0	\$	3,048.00
7/1/2008	6/30/2009	\$ 259.04	12	0	\$	3,108.48
7/1/2009	6/30/2010	\$ 264.08	12	0	\$	3,168.96
7/1/2010	6/30/2011	\$ 269.12	12	0	\$	3,229.44
7/1/2011	6/30/2012	\$ 274.16	12	0	\$	3,289.92
7/1/2012	6/30/2013	\$ 279.20	12	0	\$	3,350.40
7/1/2013	2/30/2014	\$ 279.20	8	0	\$	2,233.60

WAS PAID

begin	end	<u>rate</u>	months	<u>days</u>		pay
8/1/2002	6/30/2003	\$ 224.18	11	()\$	2,465.98
7/1/2003	6/30/2004	\$ 233.95	12	· ()\$	2,807.40
7/1/2004	6/30/2005	\$ 239.21	12	()\$	2,870.52
7/1/2005	6/30/2006	\$ 244.59	12	()\$	2,935.08
7/1/2006	6/30/2007	\$ 250.09	12	()\$	3,001.08
7/1/2007	6/30/2008	\$ 255.72	12	1)\$	3,068.64
7/1/2008	6/30/2009	\$ 261.47	. 12	. ()\$	3,137.64
7/1/2009	6/30/2010	\$ 267.35	12	ł)\$	3,208.20
7/1/2010	6/30/2011	\$ 273.37	12 .	ł)\$	3,280.44
7/1/2011	6/30/2012	\$ 279.52	12)\$	3,354.24
7/1/2012	6/30/2013	\$ 285.81	12	I)\$	3,429.72
7/1/2013	2/30/2014	\$ 285.81	8	I)\$	2,286.48

RETRO PAY DUE

(363.44) \$

\$ 35,845.42

\$ 35,481.98

PENSION RATE

279.20 \$ 7/1/2013

kcheeks

corrected 7/1 rates

13-53846-tjt Doc 11544 Filed 09/16/16 Entered 09/16/16 09:42:34 Page 9 of 13



General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455

Retirement Code E-80-0-1

Tax Code No Withholding

Social Security No XXX-XX-9261

Pension No.

FLINGIVIN JIMILINI

Period Beginning: Period Ending: Check Date: Check Number: Batch Number: Page 001 of 001 02/01/2014 02/28/2014 03/01/2014 1000257056 00000000525

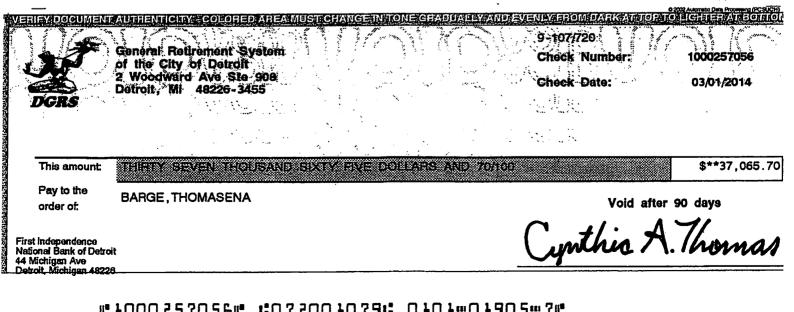
BARGE, THOMASENA 5226 NÉWPORT ST DETROIT MI 48213-3741

EARNINGS	Rate	ADJUSTMENT	CURRENT	¥1B	BEOLICILIONS	BEDUCTIO	IN CODE CORRENT	TED
Pension	285.81	31424.98	37065.70	37065.70	Federal Income	Tax	0.00	0.00
Annui ty	0.00	0.00	0.00	0.00	Michigan Income	Tax	0.00	0.00

First Check--Your payment rates have been approved

Gross Pay	37065.70	37065.70	Total Deductions Net Pay	0.00 \$37,065.70	0.00
IMPORTANT NOTES Health care deductions reflect	ted above are	based on y	our elections.		
Health care Stipends will com	ne to eligible	retirees s	eparately. Expect stipe	nd checks	
to arrive within the first we	ek of March, 2	2014.			
Adjustments to your health ca	ire may result	in increas	ed pension check amounts	•	
Questions call 1-855-224-6200)				

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007639-007639



General Retirement System * of the City of Detroit 500 Woodward Ave Ste 3000 Detroit, MI 48226-5493

Retirement Code E-80-0-1

Tax Code No Withholding Pension No Torgens Social Security No XXX-XX-9261 PENSION STATEMENT

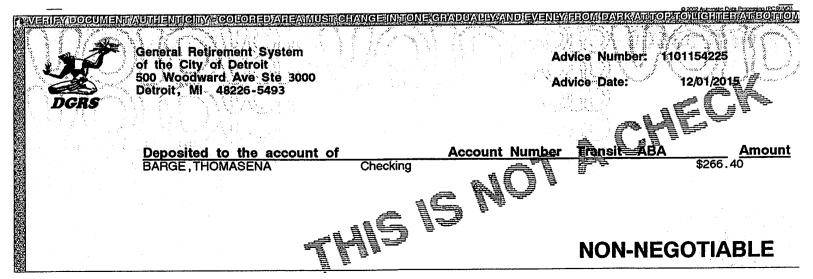
Period Beginning: Period Ending: Advice Date: Advice Number: Batch Number: Page 001 of 001 11/01/2015 11/30/2015 12/01/2015 1101154225 00000000650

BARGE, THOMASENA 5226 NEWPORT ST DETROIT MI 48213-3741

EARNINGS	RATE AI	JUSTMENT	CURRENT	YTD	DEDUCTIONS	DEĐU	CTION CODE CURRENT	YTD
Pension	266.40	0.00	266.40	3231.74	Federal Income	Tax	0.00	0.00
Annuity	0.00	0.00	0.00	1800.51	Michigan Incom	e Tax	0.00	0.00

Gross Pay	266.40	5032.25	Total Deductions	0.00	0.00
			Net Pay	\$266.40	

IMPORTANT NOTES



007670-007670



Period Beginning: Period Ending: Advice Date: Advice Number: Batch Number: Page 001 of 001 12/01/2015 12/31/2015 01/01/2016 1101164620 00000000655



General Retirement System * of the City of Detroit 500 Woodward Ave Ste 3000 Detroit, MI 48226-5493

Retirement Code E-80-0-1

Tax Code No Withholding Pension No Theorem Social Security No XXX-XX-9261

EARNINGS	RATE A	DJUSTMENT	CURRENT	YTD	DEDUCTIO	ons	DEDUCTION C	ODE CURRENT	YTÐ
Pension	266.40	0.00	266.40	266.40	Federal	Income	Tax	0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michiga	n Income	Tax	0.00	0.00

Gross Pay	266.40	266.40	Total Deductions	0.00	0.00
2.000			Net Pay	\$266.40	

IMPORTANT NOTES

Important notice regarding your payroll deductions for healthcare coverage: The new 2016 rates for all City of Detroit General Retiree Healthcare Trust ("the VEBA") medical, dental and vision plans begin on January 1, 2016.

Should you have any questions or concerns contact BeneSys at 1-844-563-8911.

					2002 Automatic Data Processing (PCSuVO)—
3 福火		ONEGHAD	UATERVANDIEVENIS	(HEROMHOAYERS AND	anoleanonellelenneenavriesenavol
	General Retirement System of the City of Detroit 500 Woodward Ave Ste 3000 Detroit, MI 48226-5493			lvice Number: lvice Date:	
	Deposited to the account of		count Number	Transit A	
	BARGE, THOMASENA Checking				4200.00
				NON-N	EGOTIABLE

Appendix of Exhibits

- 1. Retirement Systems City of Detroit Annuity Refund Inquiry Report; 1/4/2016
- 2. Retirement Systems City of Detroit Pension Payroll Monthly Pays 2015; 1/4/2016
- Retirement Systems City of Detroit Pension Payroll Monthly Pays 2014; 1/4/2016
 BARGE THOMASENA 2014 Form 1099R
- Retirement Systems City of Detroit Pension Rate Schedule: 8/1/2002 7/1/2013
 6. Lump Sum Pension Check
 - 7. Pension Check 12/01/2015 Annuity Received \$1800.51
 - 8. Pension Check 01/01/2016 Annuity Received \$-0-.00