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ROLFE F. EHRMANN
1949 - 2011
WARREN H. BADGER
1911-2005

May 22, 2015

BY EMAIL

Brad J. Balke, Esq.
542 S. Dearborn, Suite 310
Chicago, IL 60605

Re: Paul R. Dulberg
Bankruptcy Case No. 14 83578

Dear Attorney Balke:

Following up on matters we recently discussed, the Bankruptcy Estate seeks to employ you to assist the Estate in pursuing Mr. Dulberg's pending personal injury claim.

It is my understanding that you do not have a conflict of interest, and that you can represent the Bankruptcy Estate. As a caution, I enclose a copy of Debtor's list of creditors (Schedules D through F). In light of this information, if you do not have a conflict, I would be most appreciative if you would review the enclosed Affidavit of Disinterest for accuracy and completeness.

Also, please know if you are able to settle the pending personal injury claim, before any settlement can be finalized, I will need to file with the Bankruptcy Court a motion approving the Debtor's settlement, along with approval of the payment of your attorney fees and costs, and the fees to be paid to any third party. In that motion and order, we can ask that your firm's fees and costs and any third party fees paid out of the gross proceeds, with the net proceeds tendered to the Estate.

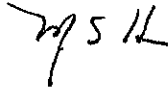
Brad J. Balke, Esq.

2

May 22, 2015

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

A handwritten signature in black ink, appearing to read "mg 5/22".

Megan G. Heeg

MGH/kme
Enclosures

B6D (Official Form 6D) (12/07)

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx7987			Opened 11/30/01 Last Active 8/14/14					
ABN AMRO Mortgage Group			Location: 4606 Hayden Court, McHenry IL 60051-7918					
			Value \$ 140,000.00				124,358.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							124,358.00	0.00
Total (Report on Summary of Schedules)							124,358.00	0.00

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxA380 Alexian Brothers Medical Group PO Box 5588 Belfast, ME 04915-5500	-	-	Medical services				153.00
Account No. xxxxx # x8062 Associated Neurology SC 1900 Hollister Drive Suite 250 Libertyville, IL 60048-5249	-	-	Medical services - Attn: Dr. Levin				3,015.00
Account No. xxxx xxxxxx x6060 Bank of America PO Box 982235 El Paso, TX 79998	-	-	Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated				6,660.24
Account No. xxxx xxxx xxxx 6628 Capital One Bank Attn: General Correspondence PO Box 30286 Salt Lake City, UT 84130	-	-	Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card				10,043.35
Subtotal (Total of this page)							19,871.59

3 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I T A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				Medical services				
Dr. Frank W. Sek 4606 W. Elm Street McHenry, IL 60050		-						590.00
Account No. xxxxxx0185				Medical services				
Dynamic Hand Therapy & Rehab 498 S. US Highway 12 Suite C Fox Lake, IL 60020		-						30,190.00
Account No. x0330				Medical services				
Hand Surgery Associates, SC Dr. Sagerman / Dr. Blafora 515 W. Algonquin Road Arlington Heights, IL 60005		-						9,319.00
Account No. xxxxxx-xMRIG				Medical services				
McHenry Radiologists & Imaging PO Box 220 McHenry, IL 60051		-						50.00
Account No. xxx2454				Medical services				
MidAmerica Hand to Shoulder Clinic Dr. Talerico 75 Remittance Drive, Suite 6035 Chicago, IL 60675		-						390.00
Subtotal (Total of this page)								40,539.00

Sheet no. 1 of 3 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N D I S P U T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. xxxxxxxxxxx3233 Moralne Emergency Physicians PO Box 8769 Philadelphia, PA 19101-8769		-	Medical services					1,346.00
Account No. xxxxx-x0323 Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050		-	Medical services					1,323.75
Account No. xxxxx5382 Northwest Community Hospital 25709 Network Place Chicago, IL 60673		-	Medical services					6,366.00
Account No. xxxxx5382 Northwest Suburban Anesthesiologists 8163 Solutions Center Chicago, IL 60677-8001		-	Medical services					1,365.00
Account No. xxxxx-x59 00 Oak Trust Credit Union 1 South 450 Summit Avenue Oakbrook Terrace, IL 60181		-	Opened 3/01/97 Last Active 7/23/14 Credit Card					716.00
Subtotal (Total of this page)								11,116.75

Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

11,116.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E H W J C	Husband, Wife, Joint, or Community	C O N T I N G U N C L A I M E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			
Account No. xx5085 Open Advanced MRI of Round Lake Medchex PO Box 502 Katonah, NY 10536	-	Medical services			3,390.00
Account No. Walgreens 3925 W. Elm Street McHenry, IL 60050	-	Medical services			48.68
Account No. Walmart Pharmacy 3801 Running Brook Farms Boulevard Johnsburg, IL 60051	-	Medical services			821.29
Account No. xxxx xxxx xxxx 3318 Worlds Foremost Bank NA 4800 NW 1st Street Suite 300 Lincoln, NE 68521	-	Opened 5/01/01 Last Active 6/19/14 Credit Card - Cabelas Visa			12,501.00
Account No.					
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					
Subtotal (Total of this page)					16,760.97
Total (Report on Summary of Schedules)					88,288.31