

UNITED STATES BANKRUPTCY COURT Middle District of Alabama PROOF OF CLAIM

Name of Debtor: Allegro Law, LLC (Kennith Anderson Nelms) Case Number: 10-30631

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor: Ailene Salsgiver-White RECEIVED AUG 26 2010 BMC GROUP Court Claim Number: (if known) MAY 06 2010 U.S. BANKRUPTCY COURT MONTGOMERY, ALABAMA

Name and address where payment should be sent: Same as above L. Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: \$ 13,147.00 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

2. Basis for Claim: Services not rendered (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 6139 3a. Debtor may have scheduled account as: 806139 -Client ID (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Value of Property: \$ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection: Amount of Secured Claim: \$ Amount Unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: \*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 5.3.10 Signature: Ailene Salsgiver-White AILENE SALSUIVER-WHITE FOR COURT USE ONLY Allegro Law 00000015

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**CHAMPION DEBT RELIEF**  
**1-800-393-9611**  
**FAX: 954-928-2823**



<b>DATE</b>	4-27
<b>TO</b>	
<b>FROM</b>	Wayne A
<b>FAX #</b>	727-799-1264
<b>NUMBER OF PAGES INCLUDING COVER SHEET</b>	⑦
<b>NOTES</b>	Please Sign. DATE & FAX BACK TO 954-928-2823

to make payments to their creditors as well as afford their necessary living expenses.

Client has informed Firm that they have voluntarily discontinued making payments to their creditors because they can no longer afford to make their minimum payments on their unsecured debts as well as pay their necessary living expenses. Client understands that their voluntary decision to stop making payments to their creditors will result in Client falling past due with respect to their enrolled debts and, as a result, creditors will report Client as late to the credit bureaus, which will have a negative impact on Client's credit.

19. Arbitration Clause. Any dispute arising out of or relating to this contract, or the breach thereof, shall be finally resolved by arbitration administered by the American Arbitration Association under its consumer arbitration rules. The arbitration will be conducted in the English language in the city of Montgomery, Alabama, in accordance with the United States Arbitration Act. There shall be three arbitrators, names in accordance with such rules. Each party shall be responsible for its own expenses associated with the arbitration.

YOU MAY CANCEL THIS AGREEMENT, WITHOUT ANY PENALTY OR OBLIGATION, AT ANY TIME BEFORE MIDNIGHT CENTRAL TIME OF THE 3rd BUSINESS DAY WHICH BEGINS THE DAY AFTER YOU AGREE TO ENROLL IN THE PROGRAM VIA ELECTRONIC COMMUNICATION OR BY SIGNING AND RETURNING THE ATTACHED "NOTICE OF RIGHT TO CANCEL" FORM. IF YOU DO NOT REVOKE THIS AGREEMENT WITHIN THE THREE (3) DAY REVOCATION PERIOD, THEN THE TERMINATION PROVISIONS OF SECTION 10 SHALL APPLY.

I have read the Retainer Agreement and I accept the above terms.

Sign Electronically

Client	
First Name :	
Last Name :	
Social Security :	
Date of Birth :	
Client IP Address :	
Signed Date :	

Or Sign and Return to Our Office

Alegro Law, LLC  
 2005 Cobble Ford Road  
 Suite 301B  
 Prichard, AL 36068  
 Phone: (800) 225-0025, Fax: (205) 384-3330  
 www.alegro.com

Client Signature: *Alene Salsciverwhite* Social Security: 4-27-09  
 Client Name (Please Print): ALENE SALSCEIVERWHITE Social Security: 515-94-0939  
 Co-Client Signature (If Joint on Bank Account): \_\_\_\_\_ Date: 4-27-09  
 Co-Client Name (Please Print): \_\_\_\_\_ Co-Client Social Security: \_\_\_\_\_

Alegro Law, LLC

①

**ALLEGRO LAW**  
K. Anderson Neims, Esq.  
Law Firm specializing in Debtors

**Notice To Consumers**  
**IMPORTANT PLEASE READ**

While the hiring of an attorney is a strong strategy when dealing with debt collectors, you must realize that none of the creditors or third party debt collector's rights are affected by the hiring of an attorney.

(1) Creditors and credit reporting agencies will report the consumer as late and the consumer's credit score will be negatively impacted throughout the duration of the service; (2) late fees, penalties, and interest will continue to accrue on the consumer's debt until the consumer's creditors accept and receive a settlement or until the debt is charged off or sold; (3) a consumer's creditors may still sue to collect on the debts and garnish the consumer's wages in those states which permit wage garnishment for unsecured debt; (4) a creditor may raise the interest rate and/or lower the maximum credit limit on any debts included in the program, as well as unsecured debts not included in the program; (5) any money a consumer saves in negotiating a settlement with a creditor must be treated as income for tax purposes if the discharged amount is equal to or greater than \$600; and (6) a debt settled for less than the full amount owed is not the same as a debt that is paid in full in terms of reporting on the consumer's credit report.

**Authorization**

I hereby engage ATTORNEYS, its agents, subcontractors, and affiliates to manage the processing of my account during the term of this Retainer Agreement. These services will include receiving and depositing my funds, negotiating settlements, terms and conditions, extensions, and/or deferments of my accounts. In addition, I authorize the review of my financial situation with creditors.

By signing this Authorization, I hereby acknowledge that I have read the Retainer Agreement and accept and consent to all of the terms set forth in the Retainer Agreement.

This agreement shall not be deemed effective until it is received by ATTORNEYS, signed and dated.

I have read the Authorization Agreement and I accept the above terms.

**Sign Electronically**

Client	
First Name :	
Last Name :	
Social Security :	
Date of Birth :	
Client IP Address :	
Signed Date :	

**Or Sign and Return to Our Office**

Allegro Law, LLC  
2005 Cobble Ford Road  
Suite 301B  
Prattville, AL 36066  
Phone: (800)225-9024 Fax: (866)384-3330  
www.allegrolaw.com

**Client Signature** Alvene Stalsford White **Date** 4-27-09

**Client Name (Please Print)** ALVENE STALSFORD WHITE **Social Security** 5761249939

**Co-Client Signature (If Joint on Bank Account)** \_\_\_\_\_ **Date** 4-27-09

**Co-Client Name (Please Print)** \_\_\_\_\_ **Co-Client Social Security** \_\_\_\_\_

Allegro Law, LLC

By: \_\_\_\_\_

(2)

**ALLEGRO LAW**

**K. Anderson Nelson, Esq.**  
Licensed to practice in Alabama

05/15/09

**Allene Salsogler-White**  
**3104 TEAL TERRACE, SAFETY HARBOUR, FL**  
**34895**

**EFT Agreement**

Allegro Law, LLC is hereby authorized to initiate recurring debits from my:

Account: Checking  
Routing Number: 063100277  
Account Number: 003614515492  
First Payment Date: 05/15/2009  
First Pay: \$1,325.00 incl Setup Fee of \$25.00  
Reoccurring Debit Day: 15 starting on 05/15/2009  
Amount: \$987.00 for program duration

I understand that the funds transferred to Allegro Law, LLC will be debited on or about the dates stated above. (If the debit date is not a business day, then the debit will be processed on the next business day.) The monthly debit date and dollar amount are subject to change with my consent. I understand that my verbal approval will be accepted and that a confirmation will be sent when the dollar amount or when the date is changed.

I understand that this authorization is to remain in full force and effect until Allegro Law, LLC receives notification from me of its termination, which must be received at least 5 business days before the scheduled debit date. I also understand that if the authorized debit is returned for any reason the Return fee of \$30.00 (subject to change) will be assessed and added to my next debit. I agree to the terms and conditions set forth on this form.

I have read the EFT Agreement and I accept the above terms.

Sign Electronically	
Client	
First Name :	
Last Name :	
Social Security :	
Date of Birth :	
Client IP Address :	
Signed Date:	

Or Sign and Return to Our Office	
Allegro Law, LLC 2005 Cobbs Ford Road Suite 301B Prichard, AL 36068 Phone: (800)945-0025 Fax: (866)364-3330 www.allegrolaw.net	
Client Signature	Date
<i>Allene Salsogler-White</i>	4/27/09
Client Name (Please Print)	Social Security
<i>ALLENE SALSOGLER WHITE</i>	575 94 89139
Co-Client Signature (If Joint on Bank Account)	Date
	4/27/09
Co-Client Name (Please Print)	Co-Client Social Security
Allegro Law, LLC	
By:	

(3)

**ALLEGRO LAW**

**K. Anderson Nelson, Esq.**  
Licensed to practice in Alabama

**Allene Salasgier-White**  
**3104 TEAL TERRACE, SAFETY HARBOUR, FL**  
**34896**

**Limited Power of Attorney**

I/We, Allene Salasgier-White located 3104 TEAL TERRACE, SAFETY HARBOUR, FL 34896 hereby appoint Allegro Law, LLC and its attorneys, as my attorney-in-fact, with full power to represent me in negotiating the validity, reduction, settlement, and payment as may be required, of accounts owed to my creditors.

I/We also authorize Allegro Law, LLC to request and receive confidential credit and account information from creditors, credit reporting agencies, and other third parties who are involved with my credit issues. I further authorize Allegro Law, LLC to release a copy of this Limited Power of Attorney to my creditors.

I have read the Limited Power of Attorney Agreement and I accept the above terms.

**Sign Electronically**

Client	
First Name :	
Last Name :	
Social Security :	
Date of Birth :	
Client IP Address :	
Signed Date:	

**Or Sign and Return to Our Office**

Allegro Law, LLC  
2006 Cobbs Ford Road  
Suite 3018  
Prattville, AL 36068  
Phone: (800)225-6024 Fax: (205)384-3330  
www.allegrolaw.net

**Please Sign**

Client Signature: *Allene Salasgier-White* Date: 4-27-09

Client Name (Please Print): ALLENE SALASGIER-WHITE Social Security: 515-449-189

Co-Client Signature (If Joint on Bank Account): \_\_\_\_\_ Date: 4-27-09

Co-Client Name (Please Print): \_\_\_\_\_ Co-Client Social Security: \_\_\_\_\_

Allegro Law, LLC

By: \_\_\_\_\_

**Please Sign**

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**ALLEGRO LAW**  
K. Anderson Naima, Esq.  
Licensed to practice in Alabama

**Allene Salasgier-White**  
3104 TEAL TERRACE, SAFETY HARBOUR, FL  
34895

**PROCESS VERIFICATION**

This document serves as verification that I understand fully the debt negotiation process as explained below and also confirms I am able to address situations that may occur throughout the course of my enrollment with herein referred to as "the Firm".

- I understand that a Referral Company will refer my file to the Firm, and that the Referral Company is a referral service, not the Firm itself.
- I understand the representative with the Referral Company has only explained the the Firm services, and is not licensed to provide me with legal advice. That the Referral Company does not charge me a fee for their services or debit my account.
- The Firm is a debt negotiating firm that will attempt to negotiate work-out agreements between me and my creditors. All negotiations are handled by licensed attorneys and their support staff.
- This is NOT a loan; nor is it a debt cancellation, debt adjustment, or credit counseling program. The Firm will NOT be making monthly payments on my behalf to my creditors. The monthly payments that I make to the Firm will accumulate to send my accounts and satisfy attorney fees for services rendered. The Firm will not perform any services until receipt of my first payment. All fees are non-refundable.
- I understand that I have, or soon will, voluntarily discontinued making payments to my creditors because I can no longer afford to make my minimum payments on my unsecured debts as well as pay my necessary living expenses.
- I understand that my voluntary decision to stop making payments to my creditors will result in me falling past due on my enrolled debts, and, as a result, my creditors will report me as late to the credit bureaus which will have a negative impact on my credit.
- I understand that as a result of my voluntary decision to stop making payments to my creditors that my creditors may file a lawsuit against me in an attempt to collect on the debt.
- I have been advised not to open any new lines of credit or attempt to qualify for any new loans until legal services have been completed. It may take from 12-48 months for this service to be completed depending on my debt and financial situation.
- I understand that the Firm cannot prevent me from receiving debt collection calls. I understand that debt collection calls will occur subsequent to retaining Firm.
- I understand that although it has been proven that most creditors accept settlement offers that the Firm is required to disclose that there are inherent risks associated with debt negotiation services. These risks include the creditors sending these accounts to collections, changing late fees, judgments, wage garnishments, creditor phone calls and/or other measures in an attempt to collect moneys owed during the debt negotiation process.
- I understand that I have entered into various contracts with several national banks and for reasons beyond my control I may default on such contracts. I have retained the Firm to assist in the renegotiation of those contracts. I am retaining the Firm because I cannot afford to make the minimum payments due on my unsecured debts and pay my necessary living expenses.
- I understand that I cannot continue to use any of the accounts included in this process and that the creditors have the right to close the accounts, and they may continue to charge late fees and penalties until the accounts are settled.
- I understand that I cannot have any credit cards, loans, insurance, or bank accounts (checking, savings, CD's etc) related to or connected with any account and/or any creditor included with this process. I understand that creditors related to debts not included in this process may increase the interest rate or lower the credit limit on these debts as a result of non-payment of monthly minimums in regards to debts included in this process.
- I understand that should I receive any time sensitive court documents, summons or legal documents of any kind related to the debt placed with the firm, I will forward them to the Firm within 48 hours of receipt and confirm the Firm has received said document(s).
- I understand there are costs involved with the setup and maintenance of the debt negotiation program which equate to 18.00% of my total debt and a \$60.00 monthly administration fee. The one time set-up fee is \$25.00 plus a down payment of \$1,300.00 for a period of 1 which has already been included in the payment plan.
- I understand that only unsecured debt qualifies for the debt negotiation program and none of the accounts included are Secured Debt, Payday Loans, Student Loans or Cash Advances.
- I have not received correspondence from a law firm in relation to any of these accounts and none are in Judgment status or have received a Summons to appear in court.
- I understand that if a debt settlement results in a savings of 8000 or more, that the IRS may require me to pay taxes on the savings.
- I understand that my approximate initial payment(s) are \$1,300.00 for approximately 1 month, and that my approximately ongoing monthly recurring payments thereafter are \$887.00 for approximately 47 months.
- I have given the authorization to debit my account for the payments outlined above.
- I understand that should I need to change stop or cancel any of debts I understand the request must be submitted IN WRITING no later than 6 business days prior to the payment date.
- I have read and fully understand the above information.

I have read the Written Verification and I accept the above terms.

Client Name: _____ Last Name: _____ Social Security: _____ Date of Birth: _____ Client IP Address: _____ Signed Date: _____	<input type="checkbox"/> Sign Electronically
<b>Or Sign and Return to Our Office</b>	
Client Signature: <i>Allene Salasgier-White</i> Client Name (Please Print): <b>ALLENE SALASGIER-WHITE</b> Co-Client Signature: _____ (If Joint on Bank Account) Co-Client Name (Please Print): _____	Allegro Law, LLC 2006 Goble Ford Road Suite 3018 Prichard, AL 36068 Phone: (800) 266-9228 Fax: (205) 466-3300 www.allegrolaw.com Date: <b>4-27-09</b> Social Security: <b>575 94 9037</b> Date: <b>4-27-09</b> Co-Client Social Security: _____

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**ALLEGRO LAW**  
K. Anderson Nokes, Esq.  
Licensed to practice in Alabama

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2005 Cobbs Ford Road  
Suite 301B  
Prattville, AL 36066  
Phone: (800)295-8025 Fax: (866)384-3330  
www.allegrolaw.net

### Estimated Debt Settlement Payout Schedule

Client Name: Salsogier-White, Allene  
Produced on: 4/27/2009 4:44:04 PM  
By: Wayne Grob

Phone: (800)393-9611 x  
Fax: (854)828-2823

E-Mail: newaccounts@championdebtrelief.com

Total Debt:	<b>\$73,383.00</b>
Estimated Settlement To Creditors:	\$33,023.00
Estimated Fees:	\$14,645.80
Estimated Settlement Amount w/Fees:	\$47,688.15
Estimated Amount Saved:	\$25,714.85

*\$1077.00 w/ AS Airways*

#### Fee Payment Schedule

Down Payment:	\$1,300.00 / 1 months
Setup Fee:	\$25.00 added to first payment
Estimated Balance of Fees:	\$13,345.80
Avg Estimated Monthly Finance of Fees:	\$817.72 / 17 months
Estimated Balance Needed for Program:	\$48,343.15 (includes monthly fees)
Estimated Monthly Payment:	<b>\$987.00</b>
Estimated Program Payments:	48 includes 1 months for down payment

**\$1,300.00** monthly breakdown of Down Payment to be paid for: 1 months

I have received and read the Estimated Debt Settlement Payout Schedule.

#### Sign Electronically

Client

First Name : \_\_\_\_\_  
 Last Name : \_\_\_\_\_  
 Social Security : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 Client IP Address : \_\_\_\_\_  
 Signed Date: \_\_\_\_\_

#### Or Sign and Return to Our Office

Allegro Law, LLC  
2005 Cobbs Ford Road  
Suite 301B  
Prattville, AL 36066  
Phone: (800)295-8025 Fax: (866)384-3330  
www.allegrolaw.net

Client Signature *[Signature]* Date *4-27-09*  
 Client Name (Please Print) *ALLENE SALSOGIER-WHITE* Social Security *575-948939*  
 Co-Client Signature \_\_\_\_\_ Date *4-27-09*  
 Co-Client Name (Please Print) \_\_\_\_\_ Co-Client Social Security \_\_\_\_\_

\*\*Disclaimer: The total debt information contained in this Settlement Payout Schedule is based upon information provided by the prospective client. Where information has not been provided or is incomplete, approximate balances have been agreed upon between the Client and representative providing the calculation. The prospective client acknowledges that any change between the approximate balances agreed upon for purposes of generating this Payout Schedule, and the actual current balance of any debt entered into the program may impact the balance and payment information contained herein.

*(6)*



# Middle District of Alabama Claims Register

[10-30631 Allegro Law LLC](#)

**Judge:** William R. Sawyer      **Chapter:** 7  
**Office:** Montgomery              **Last Date to file claims:**  
**Trustee:** Daniel G. Hamm      **Last Date to file (Govt):**

<i>Creditor:</i> (2103201) Ailene Salsgiver-White 3104 Teal Terrace Safety Harbor, FL 34695	<b>Claim No: 7</b> <i>Original Filed</i> <i>Date:</i> 05/06/2010 <i>Original Entered</i> <i>Date:</i> 05/06/2010	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> JI, <i>Modified:</i>
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Unsecured claimed: \$13147.00

**Total      claimed: \$13147.00**

*History:*

[Details](#)    [7-1](#)    05/06/2010 Claim #7 filed by Ailene Salsgiver-White, total amount claimed: \$13147 (JI)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Allegro Law LLC

**Case Number:** 10-30631

**Chapter:** 7

**Date Filed:** 03/12/2010

**Total Number Of Claims:** 1

	<b>Total Amount Claimed</b>	<b>Total Amount Allowed</b>
<b>Unsecured</b>	\$13147.00	
<b>Secured</b>		
<b>Priority</b>		
<b>Unknown</b>		
<b>Administrative</b>		
<b>Total</b>	<b>\$13147.00</b>	<b>\$0.00</b>