

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>THE CLIFFS AT WALNUT COVE GOLF &amp; COUNTRY CLUB, LLC</b>		Case Number: <b>12-01227</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>RICK BENFIELD AKA RICHARD BENFIELD</b>		<b>RECEIVED</b> <b>APR 03 2012</b> <b>BMC GROUP</b> <b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>15 FOREST ROAD</b> <b>ASHEVILLE, N.C. 28803</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Telephone number: <b>828-274-0033</b> email: <b>doyourbest@bellsouth.net</b>		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number:      email:		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u><b>75,000.</b></u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u><b>VIATION DEPOSIT</b></u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		<b>Basis for perfection:</b> _____
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ _____
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		<b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		<b>Amount entitled to priority:</b> \$ _____
*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.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: LETTER FROM CLIFFS AT WALNUT COVE DATED 1-26-2011

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: RICK BENFIELD
Title:
Company:
Address and telephone number (if different from notice address above):
Telephone number: email:

(Signature)

3/31/12
(Date)

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed...
Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim...
1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing...
2. Basis for Claim:
State the type of debt or how it was incurred...
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account...
3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim...
3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here...

4. Secured Claim:
Check whether the claim is fully or partially secured...
5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):
If any portion of the claim falls into any category shown...
6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment...
7. Documents:
Attach redacted copies of any documents that show the debt exists...
8. Date and Signature:
The individual completing this proof of claim must sign and date it...



January 26, 2011

Mr. Rick Benfield  
15 Forest Road  
Asheville, NC 28803

Dear Mr. Benfield,

It is with regret we write at this time to confirm acknowledgment of your **Cliffs at Walnut Cove Golf Membership** resignation with The Cliffs Golf and Country Club. Your resignation from the Club is effective upon receipt of your written resignation notice and membership privileges will cease effective December 31, 2010. The Membership Plan obligates the resigned Member for payment of dues for the month in which the Club received the notice.

The refund of initiation deposit will be processed in accordance with the refund policies and procedures as outlined in the Master Membership Plan. If you need a copy of this document, please let us know. In summary, the refund policy is as follows:

- Your Walnut Cove Golf Membership refund of \$75,000 is placed in a priority waiting list based on the classification and location of your membership. The Master Membership Plan, Section 11.2, outlines that a voluntary resignation will be refunded consistent with the Cliffs Clubs processing of accounts payable, and will be process only on the basis of one (1) refund for every five (5) memberships issued by the Club from its previously unissued memberships within the same classification as the resigned membership.

I wish you the best in your future endeavors. If you have any questions regarding the procedures as outlined above, please call the Membership Office at 864-660-1160.

Kind regards,

Nate Weyand  
Membership Director

The Cliffs Golf and Country Clubs  
Membership Office  
3598 Highway 11, Travelers Rest, South Carolina 29690  
(864) 660-1100  
[www.cliffscommunities.com](http://www.cliffscommunities.com)

RICHARD A. BENFIELD

15 FOREST ROAD  
BALTIMORE FOREST, NC 28803

CHARLOTTE NC 282

31 MAR 2012 PM 2 1

USA FIRST-CLASS FOREVER



RECEIVED  
APR 03 2012  
BMC GROUP

BMC GROUP, INC.  
ATTN: THE CLIFFS CLUB + Hospitality

P.O. Box 3020  
CHANHASSEN, MN 55317-3020

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