

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

Name of Debtor:
The Cliffs at Walnut Cove Golf & Country Club, LLC

Case Number:
12-01227

NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Dr & Mrs Sam C West Jr.

Name and address where notices should be sent:

 29347867005933
West, Dr Sam Carroll
12 Williamsburg Place
Dothan, AL 36305

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APR 23 2012

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number *334 618 9636* email: *samandjudwest@aol.com*

Name and address where payment should be sent (if different from above):

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ *35,000.00*

If all or part of your claim is secured, complete item 4.
If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: *Cliffs Golf & Country Club family membership*
(See instruction #2) *100% indebted*

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

3b. Uniform Claim Identifier (optional):

(See instruction #3a)

(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____

Nature of property or right of setoff:

Basis for Perfection: _____

Describe:

Amount of Secured Claim: \$ _____

Real Estate Motor Vehicle Other _____

Amount Unsecured: \$ _____

Value of Property: \$ _____

Annual Interest Rate: _____ % Fixed or Variable
(when case was filed)

5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.

Amount entitled to priority: \$ _____

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____

You MUST specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- 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).
- Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
- Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

* 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.



6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

**THE CLIFFS AT WALNUT COVE
WALNUT COVE FAMILY MEMBERSHIP ENROLLMENT FORM**

This is to certify that **Sam and Judy West** have purchased a Walnut Cove Family Membership, in conjunction with purchase of property at The Cliffs at Walnut Cove Community. It is acknowledged that he/she has submitted membership fees in the amount of **Thirty-five thousand dollars (\$35,000)**. It is further agreed that the member(s) understand the membership classification purchased, its privileges, and benefits, and refund values associated with a resignation from the club, as outlined in the Cliffs Golf and Country Clubs Master Club Plan documents, rules and regulations.

(For office use only)

MEMBERSHIP CLASSIFICATION :	Walnut Cove Family
MEMBERSHIP ACCOUNT NUMBER:	W336
INITIATION DEPOSIT PAID:	\$35,000
TOTAL FEES PAID:	\$35,000
PROPERTY REFERENCE:	Section 4 Lot 38
DATE:	January 13, 2005

1-13-05
Date

3/23/05
Date

Mimsy DeMars
Mimsy DeMars
Manager, Membership Services
The Cliffs Communities

Sam C. West
Member Signature
Judy West
Member Signature

Dr Sam C & Judy F West
12 Williamsburg Pl
Dothan AL 36305-1165

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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BMC Group, Inc
Att: Cliffs Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

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