

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

PROOF OF CLAIM

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


Case Number:  
12-01234

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) :

*TIMOTHY E AND LINDA E. WALINSKI*

Name and address where notices should be sent:

 29347867003887  
Walinski, Tim and Linda  
5 Alsace Way  
Travelers Rest, SC 29690

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MAY 04 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 ~~864~~ 836-3150 email: *one high cliff way@bellsouth.net*

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 \$ *4000.00*

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: (See instruction #2)

*Re FUNDAble Membership - INITIATION deposit Assigned ~~SEP~~ 2010 NBV. FEW*  
*# (W00007)*

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

*6559*

3a. Debtor may have scheduled account as:

(See instruction #3a)

3b. Uniform Claim Identifier (optional):

(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.

Nature of property or right of setoff:

Describe:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

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

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: \$ \_\_\_\_\_

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)

**7. DOCUMENTS:** Attached are redacted copies of 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 definition of "redacted").  
**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is actually received on or before 4:00 pm prevailing Eastern Time on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm prevailing Eastern Time on August 27, 2012 for Governmental Claimants.**

**BY MAIL TO:**  
 BMC Group, Inc  
 Attn: Cliffs Claims Processing  
 PO Box 3020  
 Chanhassen, MN 55317-3020

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**  
 BMC Group, Inc  
 Attn: Cliffs Claims Processing  
 18675 Lake Drive East  
 Chanhassen, MN 55317

**8. SIGNATURE:** (See instruction #8)

Check the appropriate box.

- I am the creditor.       I am the creditor's authorized agent.  
 (Attach copy of power of attorney, if any.)       I am the trustee, or the debtor, or their authorized agent.  
 (See Bankruptcy Rule 3004.)       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: TIMOTHY E & LINDA E. WALINSKI  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

Address and telephone number (if different from notice address above):  
5 ALSACE Way  
TRAVELERS Rest, SC 29690

(Signature) T E Walinski (Date) 4-27-12  
Linda E. Walinski (Date) 4-27-12

Telephone number: 864-836-3150 email: one high cliff Way @ Bell South.net

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.

**LIST OF DEBTORS:**

Case Name	Case Nbr
The Cliffs Club & Hospitality Group, Inc.	12-01220
CCHG Holdings, Inc.	12-01223
The Cliffs at Mountain Park Golf & Country Club, LLC	12-01225
The Cliffs at Keowee Vineyards Golf & Country Club, LLC	12-01226
The Cliffs at Walnut Cove Golf & Country Club, LLC	12-01227
The Cliffs at Keowee Falls Golf & Country Club, LLC	12-01229
The Cliffs at Keowee Springs Golf & Country Club, LLC	12-01230
The Cliffs at High Carolina Golf & Country Club, LLC	12-01231
The Cliffs at Glassy Golf & Country Club, LLC	12-01234
The Cliffs Valley Golf & Country Club, LLC	12-01236
Cliffs Club & Hospitality Service Company, LLC	12-01237

**T. Walinski**

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**From:** Magan Boggs [mboggs@cliffscommunities.com]  
**Sent:** Thursday, October 07, 2010 2:32 PM  
**To:** 'TIMOTHY WALINSKI'  
**Subject:** RE: Resign Wellness Membership  
Hi Mr. Walinski,

I will resign your membership effective November 1, 2010. You will receive a letter shortly thereafter confirming your resignation.

If you need anything further, please let me know.

Thanks,  
Magan



**Magan Boggs**  
*Membership Services Assistant*  
864.371.1047 | office  
864.371.1538 | fax  
800.371.1000 | toll-free  
[mboggs@cliffscommunities.com](mailto:mboggs@cliffscommunities.com)  
[www.cliffscommunities.com](http://www.cliffscommunities.com)

*"World's Best International Development 2007,"  
CNBC International Property Awards*



Please consider the environment before printing this e-mail.

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**From:** TIMOTHY WALINSKI [mailto:onehighcliffway@bellsouth.net]  
**Sent:** Thursday, October 07, 2010 12:29 PM  
**To:** Magan Boggs  
**Subject:** Resign Wellness Membership

Dear Megan: Per our discussion, Linda and I will be resigning our Wellness membership "W7" effective 1 November 2010.

Presently we have \$388 remaining on our Food minimum balance ending September 30th so we will attempt to use \$188 in October as the food minimum is presently \$100 per month. Please do not hesitate to contact us if you have any questions. Again thank you for your assistance.

Best regards,

Tim and Linda Walinski  
Cell 270-0725

864-836-3150 Home



THE  
**C·L·I·F·F·S**  
GOLF & COUNTRY CLUB

**MEMBERSHIP ENROLLMENT FORM**

This is to certify that Timothy & Linda Walinski has made application for membership in the CLIFFS GOLF AND COUNTRY CLUB. The membership classification applied for is Cliffs Social Athletic. It is acknowledged that the applicant has submitted a payment of \$5,000. The following is the scheduled due dates and amounts of future payments.

\* Due at closing

By signing this form, the Member acknowledges, as a matter of record, the type of Membership classification, and its privileges, and the refund value of initiation deposit paid in the event of resignation or transfer of membership. Furthermore, the Member has received a copy of the club by-laws, rules and regulations and has an understanding of the same.

MEMBERSHIP CLASSIFICATION: Cliffs Social Athletic  
MEMBERSHIP ACCOUNT NUMBER: \_\_\_\_\_  
INITIATION DEPOSIT PAID: \$4,000  
MEMBERSHIP FEE PAID: \$1,000  
TOTAL FEES PAID: \$5,000

Patt Fero  
Patt Fero  
Director of Membership Services

William Boyd  
William Boyd  
General Manager

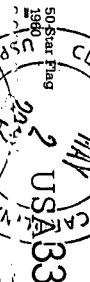
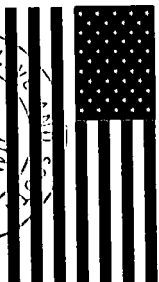
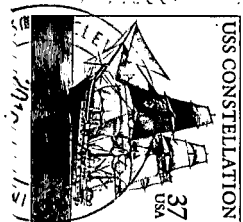
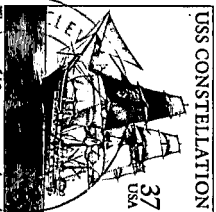
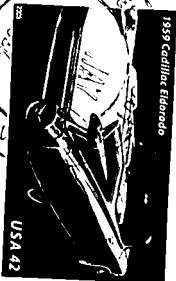
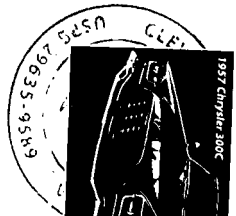
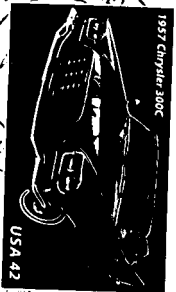
T.E. Walinski  
Member Signature  
Linda E. Walinski  
(Spouse)

6-11-97  
Date  
6-11-97

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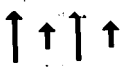
MAY 04 2012

BMC GROUP



BMC Group, Inc.  
Attn: Cliffs Claims Processors  
P.O. Box 3020  
Chanhassen, MN 55317-3020

5 ALSACE WAY  
TRAVELERS REST, SC 29690





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