



<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA</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>	
<small>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).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) : <b>Robert and Constance Fox</b>			
Name and address where notices should be sent:  29347868003482 Fox, Robert and Connie 24 Powder Creek Trail Arden, NC 28704		<b>RECEIVED</b>  <b>MAY 24 2012</b>  <b>BMC GROUP</b>	
Creditor Telephone Number <b>(818) 676-2166</b> email: <b>connie.fox1544@gmail.com</b>		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address where <b>payment</b> should be sent (if different from above):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number (if known):</b> _____ Filed on: _____	
Payment Telephone Number ( ) email:		<input type="checkbox"/> 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.	
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <b>87,500.00</b>			
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. <input type="checkbox"/> 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.			
<b>2. BASIS FOR CLAIM:</b> <u>Golf membership deposit paid</u> <small>(See instruction #2)</small>			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>0225</u>		<b>3a. Debtor may have scheduled account as:</b> <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b> <small>(See instruction #3b)</small>
<b>4. SECURED CLAIM:</b> (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. <b>Nature of property or right of setoff:</b> <b>Describe:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate:</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) <b>Amount of arrearage and other charges, as of time case filed, included in secured claim, if any:</b> \$ _____ <b>Basis for Perfection:</b> _____ <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____			
<b>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.</b> <b>Amount entitled to priority:</b> \$ _____ <b>Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9):</b> \$ _____ <b>You MUST specify the priority of the claim:</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input checked="" 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"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ). <input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9). <small>* 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.</small>			
 Cliffs POC 00894			
<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)			



FOX  
24 Powder Creek Trail  
Arden NC 28704

ASHEVILLE NC 28902

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BMC GROUP

Bmc Group Inc.

Attn: Cliffs Claims Processing

Po Box 3020

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