

B10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA ~CUSTOM 13 PLAN CLASSES		Proof of Claim
Name of Debtor: The Cliffs at Keowee Falls Golf & Country Club, LLC		Case Number: 12-01229-jw
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Dr. Daniel McCollum		COURT USE ONLY
Name and address where notices should be sent: Dr. Daniel McCollum c/o Jes Sterling 14 Halter Dr. Piedmont, SC 29673 Telephone Number: (864) 269-7373 email: sterling@smithjordan.com		RECEIVED MAY 31 2012 BMC GROUP
Name and address where payment should be sent (if different from above): Telephone Number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone Number: email:		<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.
1. Amount of Claim as of Date Case Filed: <u>\$275,000.00</u>		
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 a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Member Initiation Deposit</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>4058</u>	3a. Debtor may have scheduled account as: <u>McCollum, Dr. Daniel</u> (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 setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate: <u>0</u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your 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)(____).
		Amount entitled to priority: \$ _____
*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)		



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7. **Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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:

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. I am a guarantor, surety, indorser, or
(See Bankruptcy Rule 3004.) 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: James E. Sterling

Title: Attorney

Company: Smith, Jordan, Lavery & Lee, P.A.

Address and telephone number (if different from notice address above):

Piedmont, SC 29673

Telephone number: (864) 269-7373 email: sterling@smithjordan.com

/s/ James E. Sterling May 30, 2012

(Signature)

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Ronnie L. Smith
W. Grady Jordan
C. Nicholas Lavery
Beth M. Lee
David R. Price, Jr.
James E. Sterling



REPLY TO:
[Sterling@SmithJordan.com](mailto: Sterling@SmithJordan.com)
864-269-7373 Phone
Powdersville Office

May 30, 2012

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY

BMC Group, Inc.
Attn: Cliffs Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

**Re: The Cliffs at Keowee Falls Golf & Country Club, LLC
12-01229-jw**

Proof of Claim of Dr. Daniel McCollum

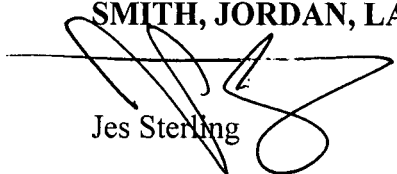
Dear Sir or Madame:

Enclosed, please find the Proof of Claim of Dr. Daniel McCollum in the above-referenced matter. Please contact my office to discuss any matters related to this claim, as this firm represents Dr. McCollum in this matter.

With kind regards, I remain,

Sincerely,

SMITH, JORDAN, LAVERY & LEE, P.A.



Jes Sterling

Enclosure

Cc: Client

From: (864) 269-7373
Jes Sterling
Smith, Jordan, Lavery & Lee, P.A.
14 Halter Drive

Piedmont, SC 29673

Origin ID: GSPA



Ship Date: 30MAY12
ActWgt: 1.0 LB
CAD: 1106123/INET3250

Delivery Address Bar Code



SHIP TO: (800) 655-1129
Attn: Cliffs Claims Processing
BMC Group, Inc.
18675 LAKE DR E

BILL SENDER

CHANHASSEN, MN 55317

Ref # 12-0226P - JES
Invoice #
PO #
Dept #

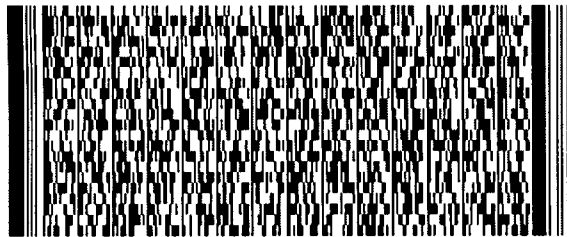
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MAY 31 2012

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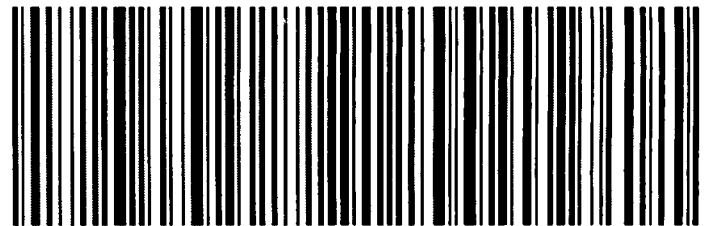
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