FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF NEW YORK

Name of Debtor
PACIFICA HOSPITAL ETAL

Case Number
0202253

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFLOWER BLVD
BELLFLOWER , CALIFORNIA 90706

Telephone number (562)867-8018

[ ] 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

[X] Check box if you have never received any notices from the bankruptcy court in this case

[ ] Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900660675 GARCIA , CAROL

Check here if this claim [ ] replaces [ ] amends a previously filed claim dated _____

1 Basis for Claim

[X] Goods sold
[X] Services performed
[ ] Money loaned
[ ] Personal injury/wrongful death
[ ] Taxes
[X] Other ROOM & BOARD ETC

[ ] Retiree benefits as defined in 11 U S C § 1114 (a)
[ ] Wages, salaries, and compensation (fill out below)
Your SS # _____ - ___ - _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
3/28/1999

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 5,846 67
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

[ ] Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
[ ] Real Estate [ ] Motor Vehicle
[ ] Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

[ ] Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
[ ] Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)
[ ] Contributions to an employee benefit plan 11 U S C § 507(a)(4)
[ ] Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
[ ] Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
[ ] Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
[ ] Other Specify applicable paragraph of 11 U S C § 507(a) (_____)
** Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 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

Date
2-3-04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

THIS SPACE IS FOR COURT USE ONLY

FILED
MAR 2 4 2004
BMC

Doctors Community Health Care Claim
01947

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years or both

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900655134 GONZALEZ , ANGEL

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

[X] Goods sold
[X] Services performed
[ ] Money loaned
[ ] Personal injury/wrongful death
[ ] Taxes
[X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)
☐ Wages, salaries and compensation (fill out below)
Your SS # _____ - ___ - _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
2/23/1999

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 450 87
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

[ ] Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
[ ] Real Estate [ ] Motor Vehicle
Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) (_____)
Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 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

FILED
JUN 03 2004
BMC

THIS SPACE IS FOR COURT USE ONLY
RECEIVED
MAY 2 2004

Date
5-2-04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01962

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years or bot

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900950798 VALDIVIA , JOSE A

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)
☐ Wages, salaries, and compensation (fill out below)

Your SS # _____ - ___ - _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date debt was incurred
9/7/2003

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 174 27

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) (_____)

** Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary

9 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

THIS SPACE IS FOR COURT USE ONLY

FILED RECEIVED
JUN 03 2004 JUN 2 2004
BMC DERYCK A P...

Date
5 25-01

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01965

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years or bot

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900801836 GONZALEZ , ANGEL

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)

☐ Wages, salaries, and compensation (fill out below)

Your SS # _____ - ___ - _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date debt was incurred
6/13/2001

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 105 61

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)

☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)

☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U S C § 507(a) (_____)

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 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

FILED
JUN 03 2004
BMC

THIS SPACE IS FOR COURT USE ONLY

RECEIVED
JUN 2 2004
DERYCK A PALMER

Date 5 25 04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01963

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900704509 GONZALEZ , ANGEL

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)
☐ Wages, salaries, and compensation (fill out below)

Your SS # ____ - ___ - ____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date debt was incurred
12/10/1999

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 81 00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) (_____)

* *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary

9 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

THIS SPACE IS FOR COURT USE ONLY

FILED
JUN 03 2004
BMC

RECEIVED
JUN 2 2004
DERYCK A [illegible]

Date
5 25 04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
0196*

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

[ ] 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 box if you have never received any notices from the bankruptcy court in this case

[ ] Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900952615 VALDIVIA , JOSE A

Check here if this claim [ ] replaces [ ] amends a previously filed claim dated _____

1 Basis for Claim

[X] Goods sold
[X] Services performed
[ ] Money loaned
[ ] Personal injury/wrongful death
[ ] Taxes
[X] Other ROOM & BOARD ETC

[ ] Retiree benefits as defined in 11 U S C § 1114 (a)
[ ] Wages, salaries, and compensation (fill out below)
Your SS # _____ - ___ - _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
9/16/2003

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 50 00
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

[ ] Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
[ ] Real Estate [ ] Motor Vehicle
[ ] Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

[ ] Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
[ ] Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)
[ ] Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
[ ] Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
[ ] Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
[ ] Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
[ ] Other - Specify applicable paragraph of 11 U S C § 507(a) (_____)
Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 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

FILED
JUN 03 2004
BMC

THIS SPACE IS FOR COURT USE ONLY

RECEIVED
JUN 2 2004
DERYCK A PULNER

Date 5 25 04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01967

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years or both

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900950818 RAMOS , BRISA D

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)

☐ Wages, salaries, and compensation (fill out below)

Your SS # _____ - ___ - _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date debt was incurred
9/8/2003

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 214 41

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)

☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)

☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)

☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U S C § 507(a) (_____)

** Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments, mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 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

THIS SPACE IS FOR COURT USE ONLY

FILED
JUN 03 2004
BMC

RECEIVED
JUN 2 2004
DERYCK A PALMER

Date
5-25-04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01966

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900875263 NELSON , NANI

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

[X] Goods sold
[X] Services performed
Money loaned
Personal injury/wrongful death
Taxes
[X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ - ___ - _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
7/21/2002

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 50 70
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) (_____)
Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary

9 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

FILED
JUN 03 2004
BMC

THIS SPACE IS FOR COURT USE ONLY

RECEIVED
JUN 2 2004
DERYCK A P

Date
3-4-04

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01964

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or bo

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900863780 GONZALEZ , ANGEL

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)

☐ Wages, salaries, and compensation (fill out below)

Your SS # _____ - ___ - _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date debt was incurred
5/16/2002

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 190 70

☐ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

[X] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)

☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)

☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)

☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U S C § 507(a) (_____)

** Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary

9 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

THIS SPACE IS FOR COURT USE ONLY

FILED
JUN 03 2004
BMC

RECEIVED
JUN 2 '03
DERYCK A F ...

Date 5-23-03

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01960

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or b

B10

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF COLUMBIA

Name of Debtor
GREATER SOUTHEAST COMMUNITY HOSPITAL
CORP PACIFICA HOSPITAL ETAL

Case Number
022550 (SMT)

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VALLEY PRESBYTERIAN HOSPITAL

Name and address where notices should be sent
LAW OFFICES OF PHILIP D PEATMAN
16617 BELLFOWER BLVD
BELLFLOWER , CALIFORNIA

Telephone number (562) 867-8018

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
900757297 MORALES , DESTINY

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 Basis for Claim

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [X] Other ROOM & BOARD ETC

☐ Retiree benefits as defined in 11 U S C § 1114 (a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ - ___ - _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
10/10/2000

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 1,190 00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

[x] Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100 of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U S C § 507(a) (_____)

* *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

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THIS SPACE IS FOR COURT USE ONLY

FILED RECEIVED
JUN 03 2004 JUN 2 2004
BMC DERYCK A PALMER

Date
57507

Sign and print the name and title If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
PHILIP D PEATMAN ATTY VALLEY PRESBYTERIAN HOSPITAL

Doctors Community Health Care Claim
01968

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or bo

B10