

United States Bankruptcy Court, Central District of California, Santa Ana Division		PROOF OF CLAIM
Name of Debtor JAMES CHRIS GIANULIAS		Case Number 8:08-13150-RK
NOTE: This form should not be used to make a claim for an administrative expense 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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property). HAMILTON FAMILY TRUST EST 7/11/1990, on behalf of itself and on behalf of the entities identified on the attachment to this claim		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">FILED</p> <p style="margin: 0; font-size: 1.2em;">NOV 13 2008</p> <p style="margin: 0; font-size: 0.8em;">CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY _____ Deputy Clerk</p> </div> <p style="margin-top: 10px;">This space is for Court Use Only</p>
Name and address where notices should be sent: Lei Lei Wang Ekvall Esq Welland, Golden, Smiley, Wang Ekvall & Strok LLP 650 Town Center Drive Suite 950 Costa Mesa CA 92626 Telephone number (714) 966-1000		
Account or other number by which creditor identifies debtor		<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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: Contingent and unliquidated claims per the attached		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ - _____ - _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
2 Date debt was incurred		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ Unknown If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim. If any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) * 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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,425* 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"/> Domestic support obligations - 11 U.S.C. § 507(a)(1) <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(e) _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
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.		This Space is for Court Use Only
Date 11/13/08	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Phillip Douglas Hamilton Trustee for the Hamilton Family Trust Est. 7/11/1990	

Attachment to Proof of Claim

The Hamilton Family Trust Est 7/11/1990 (the "Trust"), has an interest together with James Gianulias and Cameo Homes in several different investments, including (1) LG Parkewood Village, L P , (2) Parkewood Village, LLC, (3) Park Mesa, L P , (4) Park Mesa, LLC, and (5) Sunrise Village Retail Center, L P . This proof of claim is filed on behalf of the Trust and on behalf of LG Parkewood Village, L P , Parkewood Village, LLC, Park Mesa, L P , Park Mesa, LLC, and Sunrise Village Retail Center, L P , to preserve any contribution, indemnification, or other claims that may arise out of the limited partnership agreements, membership agreements, or applicable law in favor of the Trust or in favor of the entities identified above against James Gianulias or Cameo Homes, Inc , and to preserve any claims or causes of action

1 **PROOF OF SERVICE**

2 STATE OF CALIFORNIA,

3 COUNTY OF ORANGE

4 I am employed in the County of Orange, State of California I am over the age of
5 18 and not a party to the within action, my business address is 650 Town Center Drive,
Suite 950, Costa Mesa, California 92626

6 On November 11, 2008, I served the foregoing document described as **PROOF**
7 **OF CLAIM** on the interested parties in this action by placing true copies thereof enclosed
in sealed envelopes addressed as follows

8 SEE ATTACHED LIST

9 BY MAIL

10 I deposited such envelope in the mail at Costa Mesa, California The
11 envelope was mailed with postage thereon fully prepaid

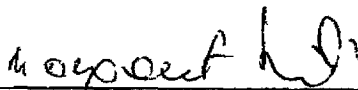
12 I deposited such envelope with the firm for collection and processing I am
13 "readily familiar" with the firm's practice of collection and processing
14 correspondence for mailing It is deposited with U S postal service on that
15 same day with postage thereon fully prepaid at Costa Mesa, California in
the ordinary course of business I am aware that on motion of the party
served, service is presumed invalid if postal cancellation date or postage
meter date is more than one day after date of deposit for mailing in
affidavit

16
17 Executed on November 11, 2008, at Costa Mesa, California

18 (State) I declare under penalty of perjury under the laws of the State of California
19 that the above is true and correct

20 (Federal) I declare that I am employed in the office of a member of the bar of this
21 court at whose direction the service was made I declare under the penalty of
perjury under the laws of the United States of America that the above is true and
correct

22
23 Margaret Sciesinski
Type or print name

24
25
26
27
28

Signature

In re **JAMES C. GIANULIAS**
Case No 8 08-bk-13150-RK
Revised July 24, 2008(TJ)

#260912v1<Firm> -IMMELL CAMEO - GIANULIAS - SERVICE LIST SL

SHORT SERVICE LIST

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Debtor

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Debtor's Counsel

Central District Of California Claims Register

8 08-bk-13150-RK James C Gianulias CASE CONVERTED on 07/02/2008

Judge Robert N Kwan **Chapter** 11
Office Santa Ana **Last Date to file claims** 11/12/2008
Trustee **Last Date to file (Govt)**

<i>Creditor</i> (22602060) Hamilton Family Trust Lei Lei Wang Ekvall Weiland Golden Smiley Wang Ekvall & Stro 650 Town Center Dr Ste 950 Costa Mesa CA 92626	Claim No 51 <i>Filed</i> 11/13/2008 <i>Entered</i> 11/21/2008	<i>Status</i> <i>Filed by</i> CR <i>Entered by</i> Mccall, Audrey <i>Modified</i> 11/21/2008
Total claimed		
<i>History</i> 51-1 11/13/2008 Claim #51 filed by Hamilton Family Trust , total amount claimed \$0 (Mccall, Audrey)		
<i>Description</i> (51-1) Unknown amount stated		
<i>Remarks</i>		

Claims Register Summary