

United States Bankruptcy Court for the Northern District of Georgia

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- | | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Regional Housing & Community Services Corporation (Case No. 21-41034) | <input type="checkbox"/> RHCSC Gainesville Health Holdings LLC (Case No. 21-41050) | <input type="checkbox"/> RHCSC Rome Health Holdings LLC (Case No. 21-41033) |
| <input checked="" type="checkbox"/> RHCSC Columbus AL Holdings LLC (Case No. 21-41035) | <input type="checkbox"/> RHCSC Montgomery I AL Holdings LLC (Case No. 21-41039) | <input type="checkbox"/> RHCSC Savannah AL Holdings LLC (Case No. 21-41044) |
| <input type="checkbox"/> RHCSC Columbus Health Holdings LLC (Case No. 21-41036) | <input type="checkbox"/> RHCSC Montgomery I Health Holdings LLC (Case No. 21-41040) | <input type="checkbox"/> RHCSC Savannah Health Holdings LLC (Case No. 21-41046) |
| <input type="checkbox"/> RHCSC Douglas AL Holdings LLC (Case No. 21-41037) | <input type="checkbox"/> RHCSC Montgomery II AL Holdings LLC (Case No. 21-41041) | <input type="checkbox"/> RHCSC Social Circle AL Holdings LLC (Case No. 21-41047) |
| <input type="checkbox"/> RHCSC Douglas Health Holdings LLC (Case No. 21-41038) | <input type="checkbox"/> RHCSC Montgomery II Health Holdings LLC (Case No. 21-41043) | <input type="checkbox"/> RHCSC Social Circle Health Holdings LLC (Case No. 21-41048) |
| <input type="checkbox"/> RHCSC Gainesville AL Holdings LLC (Case No. 21-41049) | <input type="checkbox"/> RHCSC Rome AL Holdings LLC (Case No. 21-41032) | |

Official Form 410 Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

NameID: 15032066

1. Who is the current creditor?	Crittenden, Patricia Y Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Crittenden, Patricia Y c/o Joecelyn Crittenden 4690 Ivy Patch Dr Fortson, GA 31808 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should payments to the creditor be sent? (if different) <u>JOECELYN CRITTENDEN</u> Name <u>4690 IVY PATCH DRIVE</u> Number Street <u>FORTSON, GA 31808</u> City State ZIP Code Country Contact phone <u>706 761-5351</u> Contact email <u>joecelyn.crittenden@icloud.com</u>
RECEIVED MAY 06 2022 KURTZMAN CARSON CONSULTANTS Address Contact phone <u>(706) 761-5351</u> Contact email <u>joecelyn.crittenden@icloud.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	





Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ UNKNOWN JFC Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

SERVICES PERFORMED. My mother WAS A RESIDENT AT THE facility

9. Is all or part of the claim secured? ☐ No
☐ Yes. The claim is secured by a lien on property.

UNKNOWN

Nature of property:

- ☐ Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

- ☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____





12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

☐ Up to \$3,025* 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 \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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 subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04 30 2022

MM / DD / YYYY

Joseph Crittenden
Signature

Print the name of the person who is completing and signing this claim:

Name

JOCELYN

P

CRITTENDEN

First name

Middle name

Last name

Title

DAUGHTER OF PATRICIA CRITTENDEN

Company

n/a

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

4690 IVY Patch DRIVE

Number

Street

FORTSON

GA

31808

City

State

ZIP Code

Country

KURTZMAN CARSON CONSULTANTS

Contact phone

706 761-5351

Email

JOCELYN.CRITTENDEN@icloud.com

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