

**Fill in this information to identify the case:**

Debtor 1 <u>Henry Ford Village, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Eastern District of Michigan</u>
Case number: <u>20-51066</u>

**FILED**  
 U.S. Bankruptcy Court  
 Eastern District of Michigan  
 4/15/2021  
 Todd M. Stickle, Clerk

**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. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of 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. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Anne Marie Bott _____ Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Shirley Ann Frank</u> _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Anne Marie Bott _____	_____
	Name	Name
	26001 Five Mile Road 26001 Five Mile Road	
	Redford, MI 48139	
	Contact phone <u>3135351300</u>	Contact phone _____
Contact email <u>mjfmcltd@yahoo.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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? \$ 16525.54  
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 healthcare information.  
Refund of senior living community original entrance fee

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**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 amounts should match the amount in line 7.)  
**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)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.		

**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 acknowledgment 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 a 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 4/15/2021  
MM / DD / YYYY

/s/ Michael J McCarthy

Signature

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

Name Michael J McCarthy

First name Middle name Last name

Title Attorney for Creditor

Company Michael J. McCarthy, P.C.

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

Address 26001 Five Mile Road

Number Street

Redford, MI 48239

City State ZIP Code

Contact phone 3135351300 Email mjfmcltd@yahoo.com

HENRY FORD VILLAGE  
REFUND OF ENTRANCE DEPOSIT FORM

Name of Resident(s): Shirley Ann Frank  
Living Unit: Chapel Court 204  
Date of Receipt by  
HENRY FORD VILLAGE: 10/9/15

**Preliminary Statements and Directions**

1. Pursuant to the Residence and Care Agreement (the "Care Agreement") with HENRY FORD VILLAGE, Resident is entitled to a refund of the Entrance Deposit paid to HENRY FORD VILLAGE under certain specified conditions during Resident's lifetime or upon Resident's death based upon termination of the applicable Care Agreement. The conditions for the refund of the Entrance Deposit are set forth in the Care Agreement. Resident and Resident's beneficiaries are subject to all terms and conditions for the refund of the Entrance Deposit and should review the same carefully. For the purpose of these Refund Forms, the term "Resident" includes the plural.

2. Resident understands that the purpose and effect of this Refund Form is to designate the beneficiary(ies) of the right to a refund of the Entrance Deposit. By signing this Refund Form, Resident is hereby revoking any previously executed Refund Forms.

3. If the Entrance Deposit is being / has been paid on behalf of two (or more) Joint Residents, both Joint Residents must sign one Refund of Deposit form together. Both Joint Residents understand that the Entrance Deposit will be /is treated as though it has been paid by the survivor, to be used for the survivor's care if necessary, and that the refund will eventually be paid to the survivor or the survivor's beneficiary(ies).

4. **Resident understands that it is Resident's responsibility to review the terms of this Refund Form to make sure that its terms are coordinated with Resident's current will or other trusts and estate plan. HENRY FORD VILLAGE strongly recommends that Resident review this Refund Form with an attorney or other estate planning professional prior to execution to ensure such coordination and to review potential tax liability in making these designations or in the eventual payment of the refund.** Resident may submit his/her own beneficiary designation form but HENRY FORD VILLAGE reserves the right to review and approve the forms so that the right to the refund is clearly delineated for HENRY FORD VILLAGE's staff.

5. HENRY FORD VILLAGE will make a refund of the Entrance Deposit only as specified in the most recent duly executed and approved Refund Form. Resident may revise the right to the refund by duly executing a new Refund of Deposit form.

6. Please sign one of the following forms designating the right to refund of the Entrance Deposit. Be sure to read all of the forms before making a selection. If you do not understand the forms, please consult with your estate planning professional. If you do not understand the directions, please consult with the Sales and Admissions Staff. **You may select and sign only one form.**

7. If Resident is designating the refund to more than 1 beneficiary, percentages must add up to 100%. Please do not fill in cash amounts. HENRY FORD VILLAGE can only refund based upon percentages of the Entrance Deposit, due to the possibility of spend-down of the Entrance Deposit.

8. It is the responsibility of Resident or Resident's representative, if applicable, to give HENRY FORD VILLAGE the most recent addresses for all listed beneficiaries.

9. If Resident desires to assist HENRY FORD VILLAGE to support other residents who have exhausted their financial resources, Resident may choose to designate the HENRY FORD VILLAGE Benevolent Care Fund as a beneficiary by using Refund Form # 3. Such a designation is **completely optional** on Resident's part. HENRY FORD VILLAGE is a 501(c)(3) not-for-profit corporation.

**10. Resident hereby acknowledges that he or she has read the following preliminary statements and instructions, reviewed the attached options for a refund of the Entrance Deposit, and understands the purpose and consequences of this Refund Form.**

10/12/15  
Date

*Shelley Grace*  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

If signed by a representative, indicate name of representative and nature of authority (i.e. power of attorney, guardian, etc.):

\_\_\_\_\_

Received by HENRY FORD VILLAGE:

By: *Shelley Grace*  
HENRY FORD VILLAGE Representative

10/12/15  
Date

**REFUND FORM 1**

1. Refund during Lifetime - In the event that a Refund becomes payable during Resident's lifetime under the terms of the Care Agreement, Resident hereby designates that the Entrance Deposit be refunded to the Resident. If the Entrance Deposit was paid on behalf of Joint Residents, the Entrance Deposit will be refunded to both joint residents in accordance with the terms of the Care Agreement.

2. Refund Upon Death - In the event that a refund becomes payable upon Resident's death under the terms of the Care Agreement, Resident hereby designates that the Entrance Deposit be refunded to the duly qualified personal representative, Executor or Executrix of the Resident's Estate, to be bequeathed as set forth in my Last Will and Testament. In the case of Joint Residents, the refund will be paid to the duly qualified personal representative, Executor or Executrix of estate of the final surviving Joint Resident, to be bequeathed as set forth in the Last Will and Testament of the final survivor.

Resident	Date
Resident	Date

If signed by a representative, indicate name of representative and nature of authority (i.e. power of attorney, guardian, etc.): \_\_\_\_\_

This Refund of Entrance Deposit Form was signed by the above-named Resident(s) in our presence and in the presence of each other and the above-named Resident(s) has acknowledged this Refund of Entrance Deposit Form as Resident's own act.

Witness	Address
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Witness	Address
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Received by HENRY FORD VILLAGE:

By: _____	Date
HENRY FORD VILLAGE Representative	

**REFUND FORM 3**

1. Refund during Lifetime - In the event that a Refund becomes payable during Resident's lifetime under the terms of the Care Agreement, Resident hereby designates that the Entrance Deposit be refunded to: (please check one option)

Resident \_\_\_\_\_ Beneficiaries as designated below \_\_\_\_\_

2. Refund Upon Death - In the event that a refund becomes payable upon Resident's death under the terms of the Care Agreement, Resident hereby designates that the Entrance Deposit be refunded directly for convenience to the beneficiaries listed below, *per stirpes*, in the percentages indicated.

Percentage Interest, Name & Address of Beneficiary

- |  |   |
|--|---|
| 1. <u>25%</u> <u>SCOTT Frank</u><br><u>170 Mo'okua St.</u><br><u>Kailua, HI 96734</u>  | 2. <u>25%</u> <u>RANDY Frank</u><br><u>636 S. Melborn</u><br><u>Dearborn, MI 48124</u>    |
| 3. <u>25%</u> <u>Steve Frank</u><br><u>241 N. Melborn</u><br><u>Dearborn, MI 48128</u> | 4. <u>25%</u> <u>Anne Bott</u><br><u>316 Hillcrest Dr</u><br><u>Warrensburg, MO 64093</u> |
| 5. <u>—%</u> <u>NONE</u>   | 6. <u>—%</u> <u>NONE</u>  |

\_\_\_\_\_  
Resident  
\_\_\_\_\_  
Resident  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date

If signed by a representative, indicate name of representative and nature of authority (i.e. power of attorney, guardian, etc.): CS Frank as Shirley Frank  
10/9/2015