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**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

IN RE:

CHAPTER 11

HHH CHOICES HEALTH PLAN, LLC, *ET AL.*

CASE NO. 15-11158-MEW
CASE NO. 15-13264-MEW
CASE NO. 16-10028-MEW

DEBTORS.

(JOINTLY ADMINISTERED)

**NOTICE OF CONFIRMATION DATE,
EFFECTIVE DATE AND CERTAIN CLAIMS BAR DATES FOR
DEBTOR, HEBREW HOSPITAL SENIOR HOUSING, INC.**

PLEASE TAKE NOTICE that on August 1, 2018, the United States Bankruptcy Court for the Southern District of New York (“Bankruptcy Court”) entered an order (“Confirmation Order”) [Docket No. 918] confirming the Amended Chapter 11 Plan of Liquidation for Hebrew Hospital Senior Housing, Inc. Proposed by the Debtor (“Plan”) [Docket No. 884].¹

PLEASE TAKE FURTHER NOTICE that the Debtor complied with all requirements under the Confirmation Order and Section IX of the Plan, such that the Effective Date of the Plan occurred on August 31, 2018.

¹ Capitalized terms not defined herein shall have the meanings ascribed to them in the Plan and/or Confirmation Order.

PLEASE TAKE FURTHER NOTICE that pursuant to Paragraph 20 of the Confirmation Order and Section 7.3 of the Plan, Claims against the Debtor arising out of the rejection of executory contracts and leases pursuant to the Plan must be filed with the Court no later than forty-five (45) days after the Effective Date, or Monday, October 15, 2018 (“Rejection Claims Bar Date”). Requests for payment of Rejection Claims not filed and served prior to the Rejection Claims Bar Date shall be forever barred and discharged.

PLEASE TAKE FURTHER NOTICE that pursuant to Paragraph 21 of the Confirmation Order, all requests for payment of Administrative Claims must be filed no later than sixty (60) days after entry of the Confirmation Order, or Monday, October 1, 2018² (“Administrative Claims Bar Date”). Requests for payment of Administrative Claims not filed and served prior to the Administrative Claims Bar Date shall be forever barred and discharged.

PLEASE TAKE FURTHER NOTICE that pursuant to Paragraph 22 of the Confirmation Order, all final requests for payment of Professional Claims must be filed no later than sixty (60) days after the Effective Date, or Tuesday, October 30, 2018 (“Professional Claims Bar Date”). Requests for payment of Professional Claims are subject to the procedures established by the Bankruptcy Code, including approval by the Bankruptcy Court.

PLEASE TAKE FURTHER NOTICE that pursuant to Paragraph 23 of the Confirmation Order,³ all Claims of residents that lived at Westchester Meadows on or after December 9, 2015 against the Debtor must be filed no later than sixty (60) days after the Effective Date, or Tuesday, October 30, 2018 (“Current Resident Claims Bar Date”). Requests for payment of Current Resident Claims not filed and served prior to the Current Resident Claims Bar Date shall be forever barred and discharged.

² Since the deadline falls on Sunday, September 30, 2018, the Bankruptcy Rules extend it to the next business day.

³ See also, the Debtor’s filed Supplement to the Plan [Docket No. 912].

PLEASE TAKE FURTHER NOTICE that the following procedures for the filing of Proofs of Claim shall apply:

- a) Proofs of Claim must conform substantially to Official Bankruptcy Form No. 410 attached hereto;
- b) Proofs of Claim must be filed either:
 - i. electronically through the website of Prime Clerk LLC, the Debtors' notice and claims agent ("Claims Agent") at:
<http://cases.primeclerk.com/hebrewhospital/EPOC-index>; or
 - ii. mailing the original Proof of Claim either by U.S. Postal Service mail or overnight delivery to the Claims Agent at the following:

**HHH CHOICES HEALTH PLAN, LLC CLAIMS PROCESSING CENTER
c/o Prime Clerk LLC
830 Third Avenue, 3rd Floor
New York, NY 10022**

- c) Proofs of Claim will be deemed filed only when received by the Claims Agent on or before the applicable Bar Date, and facsimile or e-mail submissions are not acceptable; and
- d) Proofs of Claim must (i) specify the Debtor by name and case number; (ii) be signed; (iii) include supporting documentation (if voluminous, attach a summary) or an explanation as to why documentation is not available; (iv) be in the English language; and (v) be denominated in United States currency.

PLEASE TAKE FURTHER NOTICE that the Plan Administrator may object to any of
the above-referenced Claims filed before, on, or after the Effective Date

Dated: September 5, 2018
Buffalo, New York

LIPPES MATHIAS WEXLER FRIEDMAN LLP

/s/ John A. Mueller

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Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Official Form 410

Proof of Claim

04/16

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

1. Who is the current creditor?

 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?

No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

 Name

 Name

 Number Street

 Number Street

 City State ZIP Code

 City State ZIP Code

 Contact phone

 Contact phone

 Contact email

 Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

No
 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?

No
 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?** \$_____ **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.

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)?

No

Yes. Check one:

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

Up to \$2,850* 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 \$12,850*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 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 _____
 MM / DD / YYYY

 Signature

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

Name _____
 First name Middle name Last name

Title _____

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

Address _____
 Number Street

City State ZIP Code

Contact phone _____ Email _____