

NOTICE TO ALL PERSONS OR ENTITIES HAVING PERFORMED SERVICES, SUPPLIED GOODS, OR WHO BELIEVE THEY HAVE CLAIMS AGAINST OR ARE OWED MONEY BY TARZANA PLAZA CONDOMINIUMS ASSOCIATION.

NOTICE IS HEREBY GIVEN that a claims procedure has been established pursuant to an order of the Superior Court of the State of California, County of Los Angeles in that matter entitled TARZANA PLAZA CONDOMINIUMS ASSOCIATION V. EUGENE SAAL, et. al., CASE NO. LC106595. The Court has ordered that all persons or entities having claims against Tarzana Plaza Condominiums Association (“Receivership Entity”) must make and present their claims to the Receiver on or before December 28, 2018 or be forever barred from participation in the distribution of the assets of the Receivership Estate.

INSTRUCTIONS REGARDING SUBMITTING A CLAIM

You must complete the claim form attached hereto, include copies of all documentation supporting the amount you claim to be owed, and mail all documents so that they are received by the Receiver no later than December 28, 2018.

All claim forms and supporting documents should be returned to:

Sarah Bates
c/o Stephen J. Donell, Receiver
12121 Wilshire Blvd., Suite 1120
Los Angeles, CA 90025
email: sarah.bates@fedreceiver.com
(310) 207-3483 fax

Do not send original supporting documents. You should submit copies and keep the original documents for your own records. Claim forms should be completed as completely as possible; all sections that pertain to your claim should be completed to the best of your ability. Using a mail service which provides you with a receipt or confirmation of delivery of your claim to the Receiver’s office is strongly encouraged.

Failure to submit a claim and supporting documentation will result in you being forever barred, estopped and enjoined from asserting any other claims against the Receivership Entity. If you are uncertain about your rights and responsibilities, you may want to consult an attorney regarding this matter.

REVIEW AND DETERMINATION OF CLAIMS

The Receiver will review and, where appropriate, object to claims that have been submitted. If your claim amount does not match the Receiver's records, an objection will be mailed to you which will ask the Court to adjust the amount of your claim. In such case, you will have the opportunity to respond, and the Court will determine the proper amount of your claim. If, on the other hand, your claim matches the Receiver's records, you will receive a letter notifying you of the approval of your claim. Please note that a timeframe has not been set for the processing of claims. The Receiver will process the claims as expeditiously as possible.

THIS BAR DATE NOTICE APPLIES TO EVERY CLAIM AGAINST THE RECEIVERSHIP ENTITY. ALL CLAIMS MUST BE RECEIVED BY THE RECEIVER NO LATER THAN DECEMBER 28, 2018.

Receiver ID No. _____ Name of Claimant: _____
Type of Claim: _____

The shaded area is for Receiver's office use only

CLAIM FORM

TARZANA PLAZA CONDOMINIUMS ASSOCIATION V. SAAL, ET. AL.
CASE NUMBER LC 106595

THE SUBMISSION OF A CLAIM DOES NOT GUARANTEE THAT THE CLAIMANT WILL RECEIVE A DISTRIBUTION OF ANY AMOUNT. THE CLAIM MUST BE REVIEWED BY THE RECEIVER AND ALLOWED BY THE COURT. CLAIMANTS WILL RECEIVE NOTICE AND THE OPPORTUNITY TO RESPOND IF THE RECEIVER DISAGREES WITH THE AMOUNT STATED ON THEIR CLAIM. FOR CLAIMS THAT ARE ALLOWED, DISTRIBUTIONS WILL BE ON A PRO RATA BASIS WITH OTHER CLAIMS ALLOWED AGAINST THE SPECIFIC ENTITY. THE AMOUNT DISTRIBUTED WILL DEPEND ON THE TOTAL AMOUNT OF ALLOWED CLAIMS AND THE TOTAL ASSETS AVAILABLE FOR DISTRIBUTION.

DEADLINE FOR FILING CLAIMS: DECEMBER 28, 2018

CLAIMS NOT RECEIVED BY DECEMBER 28, 2018 MAY RESULT IN THE DENIAL OF YOUR CLAIM.

Please complete and return to:

Sarah Bates
c/o Stephen J. Donell, Receiver
12121 Wilshire Blvd., Suite 1120
Los Angeles, CA 90025
email: sarah.bates@fedreceiver.com
(310) 207-3483 fax

SECTION I **Type of Claim**

A. This claim is based upon (check only one box):

1. Services Performed or Goods Supplied
2. Trade Creditor
3. Employee
4. Other _____

B. If you contend your claim is secured, identify the collateral that you contend secures your claim and the basis for your contention (A claim is secured if you are the beneficiary under a deed of trust or mortgage relating to the debt owed to you, or if specific collateral has been pledged to secure payment of the debt owed to you): _____

SECTION II
Claimant Contact Information

NOTE: ALL CLAIMANTS MUST PROMPTLY NOTIFY THE RECEIVER IN WRITING OF ANY CHANGES TO THEIR CONTACT INFORMATION PROVIDED BELOW.

A. Claimant Information: (THE PERSONS OR ENTITY THAT IS ASSERTING THE CLAIM)

Name: _____

Name of Company, Trust, co-claimant or any other entity asserting this claim: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

Fax: _____

E-mail: _____

Social Security or Tax ID Number: (REQUIRED) _____

B. Secondary contact information (if different from above):

Please check all that apply for the person or entity named in section "B":

- Primary contact for this claim**
- Attorney representing Claimant**
- Person completing this form for Claimant**
- Alternate Contact**

Name: _____

Relationship to Claimant: _____

Company or Firm: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

Fax: _____

E-mail: _____

C. I HEREBY FILE THIS CLAIM AGAINST: (INDICATE ONE OR MORE)

_____ Tarzana Plaza Condominiums Association
_____ Other (identify) _____

DISTRIBUTIONS FROM THE RECEIVERSHIP ESTATE MAY HAVE TAX CONSEQUENCES TO YOU. THE RECEIVER RECOMMENDS THAT YOU CONSULT WITH YOUR FINANCIAL ADVISOR. THE RECEIVER DOES NOT PROVIDE TAX ADVICE.

SECTION III
Amount of Claim

A. TRADE CREDITOR SECTION

1. This claim arose from:
 - a. Services rendered
 - b. Goods supplied/rendered
 - c. Contract
 - d. Other _____

2. Total amount of claim: _____

3. Please complete the chart below:

Date of service/delivery of goods/contract	Amount of Invoice	Description of contract and/or service goods/ provided

(Add additional pages if needed)

B. EMPLOYEE SECTION

1. Amount of compensation owed: _____
2. Period(s) for which compensation is due: _____

C. OTHER CLAIMANTS SECTION

1. Please explain the amount of this claim and how this claim arose (use extra pages if necessary):

Amount \$ _____

Description of claim: _____

SECTION IV
Documents in Support of Claim
(ALL CLAIMANTS)

A. Attach copies (original documents cannot be returned) of documents supporting your claim. For example, copies, front and back, of cancelled checks, invoices, contracts, etc. Claims without sufficient supporting documentation may be disallowed. Please list and describe the documents you are including (please attach additional pages if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE IS TRUE AND CORRECT.

DATED: _____

Signature

Printed Name and Title

PLEASE RETAIN A COPY OF THIS CLAIM FORM FOR YOUR RECORDS, AS WELL AS THE ORIGINALS OF ALL SUPPORTING DOCUMENTATION ATTACHED. PLEASE ALSO KEEP PROOF OF SUBMISSION TO BE USED IN THE EVENT YOUR CLAIM IS NOT RECEIVED BY THE RECEIVER.