

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

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### **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):** \_\_\_\_\_

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**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.**