

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Central District of California		PROOF OF CLAIM
Name of Debtor: <u>David Schwartzman</u>		Case Number: <u>1:09-bk-16565-MT</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): N Bond Safeguard/Lexon Insurance 256 Jackson Meadows Drive Hermitage, TN 37076 T Attn: Judy Shroder		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>17,358.00</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____
2. Basis for Claim: <u>Premiums for bonds</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>5018185</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: _____	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Judy Shroder</u> 12/2/09	

RECEIVED
 12-7-09
 (615) 690-0338

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

BOND RENEWAL INVOICE

Bond Safeguard

INSURANCE CO.

*1919 S Highland Ave
Bldg A, Suite 300
Lombard, IL 60148
(630) 495-9380*

Mailing Address:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Please remit all payments to above address

Date: 06-Aug-09

Customer Copy

Bond Executed in the following Company:

Bond Safeguard Insurance Company

Principal:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Obligee:

City of Clovis
1033 Fifth Street
Clovis, CA 93612

Bond Number- Term-Trans	Effective Date	Expiration Date	Statement
5018185-2-3	1/31/2009	1/31/2010	AUG 09

Bond Amount	Contract Amount	Invoice Number
\$951,000.00	\$951,000.00	573571-2-3

Bond Description
Subdivision

Premium with Taxes
\$8,633.00

Please return this portion of the invoice with your payment

Account number: DSventure Account: DS Ventures LLC
Agent number: 149999000 Agent: Direct Accounts

Premium: \$8,633.00

BOND RENEWAL INVOICE

Bond Safeguard
INSURANCE CO.

1919 S Highland Ave
Bldg A, Suite 300
Lombard, IL 60148
(630) 495-9380

Mailing Address:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Please remit all payments to above address

Date: 06-Aug-09

Customer Copy

Bond Executed in the following Company:

Bond Safeguard Insurance Company

Principal:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Obligee:

The Vintage Collection Homeowners' Assoc
8383 Wilshire Blvd, Ste. 1000
Beverly Hills, CA 90211

Bond Number- Term-Trans	Effective Date	Expiration Date	Statement
5018220-4-3	7/13/2009	7/13/2010	AUG 09

Bond Amount	Contract Amount	Invoice Number
\$34,315.00	\$34,315.00	573570-4-3

Bond Description
Subdivision

Premium with Taxes
\$1,029.00

Please return this portion of the invoice with your payment

Account number: DSVenture Account: DS Ventures LLC
Agent number: 149999000 Agent: Direct Accounts

Premium: \$1,029.00

BOND RENEWAL INVOICE

Bond Safeguard
INSURANCE

1919 S Highland Ave
Bldg A, Suite 300
Lombard, IL 60148
(630) 495-9380

Mailing Address:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Please remit all payments to above address

Date: 06-Aug-09

Customer Copy

Bond Executed in the following Company:

Bond Safeguard Insurance Company

Principal:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Obligee:

Vintage Collections Homeowners' Assoc
8383 Wilshire Blvd, Ste. 1000
Beverly Hills, CA 90211

Bond Number- Term-Trans	Effective Date	Expiration Date	Statement
5027264-2-3	11/5/2008	11/5/2009	AUG 09

Bond Amount	Contract Amount	Invoice Number
\$14,305.00	\$14,305.00	573572-2-3

Bond Description
Subdivision

Premium with Taxes
\$358.00

Please return this portion of the invoice with your payment

Account number: DSventure Account: DS Ventures LLC
Agent number: 149999000 Agent: Direct Accounts

Premium: \$358.00

BOND RENEWAL INVOICE

Bond Safeguard

INSURANCE CO.

*1919 S Highland Ave
Bldg A, Suite 300
Lombard, IL 60148
(630) 495-9380*

Mailing Address:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Please remit all payments to above address

Date: 07-Nov-09

Customer Copy

Bond Executed in the following Company:

Bond Safeguard Insurance Company

Principal:

LB/L - DS Ventures Clovis LLC
8383 Wilshire Boulevard, Ste. 1000
Beverly Hills, CA 90211

Obligee:

Vintage Collections Homeowners' Assoc
8383 Wilshire Blvd, Ste. 1000
Beverly Hills, CA 90211

Bond Number- Term-Trans	Effective Date	Expiration Date	Statement
5027264-3-1	11/5/2009	11/5/2010	NOV 09

Bond Amount	Contract Amount	Invoice Number
\$14,305.00	\$14,305.00	573572-3-1

Bond Description

Subdivision

Premium with Taxes

\$358.00

Please return this portion of the invoice with your payment

**Account number: DSventure
Agent number: 149999000**

**Account: DS Ventures LLC
Agent: Direct Accounts**

Premium: \$358.00

BOND RENEWAL INVOICE

Bond Safeguard
Insurance Co

1919 S Highland Ave
Bldg A, Suite 300
Lombard, IL 60148
(630) 495-9380

Mailing Address:

LB/L-DS Ventures Metropolitan II LLC
8383 Wilshire Blvd., Ste. 1000
Beverly Hills, CA 90211

Please remit all payments to above address

Date: 06-Aug-09

Customer Copy

Bond Executed in the following Company:

Bond Safeguard Insurance Company

Principal:

LB/L-DS Ventures Metropolitan II LLC
8383 Wilshire Blvd., Ste. 1000
Beverly Hills, CA 90211

Obligee:

County of Los Angeles
225 N. Hill Street, Room 115
Los Angeles, CA 90051

Bond Number- Term-Trans	Effective Date	Expiration Date	Statement
5027271-2-3	3/24/2009	3/24/2010	AUG 09

Bond Amount	Contract Amount	Invoice Number
\$232,650.00	\$232,650.00	573573-2-3

Bond Description
Subdivision Tax Bond

Premium with Taxes
\$6,980.00

Please return this portion of the invoice with your payment

Account number: DSventure Account: DS Ventures LLC
Agent number: 149999000 Agent: Direct Accounts

Premium: \$6,980.00