

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re: : Chapter 11
: :
BISHOP FRANCIS J. MUGAVERO : Case No. 10-11965 (CGM)
CENTER OR GERIATRIC CARE, INC., :
: Jointly Administered
Debtors. :
: Ref. Docket No. 3073
-----X

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

PANAGIOTA MANATAKIS, being duly sworn, deposes and says:

1. I am employed as a Noticing Coordinator by Epiq Bankruptcy Solutions, LLC, located at 757 Third Avenue, New York, New York 10017. I am over the age of eighteen years and am not a party to the above-captioned action.
2. On July 5, 2012, I caused to be served the following:
 - a) "Notice of Filing of *Second* Amendment to Saint Vincents Catholic Medical Centers of New York's Schedules of Assets and Liabilities," dated July 2, 2012 [Docket No. 3073], and
 - b) a customized "Proof of Claim," a sample of which is annexed hereto as Exhibit A,

by causing true and correct copies to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to those parties identified on the annexed Exhibit B.

3. All items served by mail or overnight courier included the following legend affixed on the envelope: "LEGAL DOCUMENTS ENCLOSED: PLEASE DIRECT TO ATTENTION OF ADDRESSEE, PRESIDENT OR LEGAL DEPARTMENT."

/s/ Panagiota Manatakis

Panagiota Manatakis

Sworn to before me this

10th day of July, 2012

/s/ Cassandra Murray

Notary Public, State of New York

No. 01MU6220179

Qualified in the County of Queens

Commission Expires April 12, 2014

EXHIBIT A

<div style="text-align: center;"> <div>10-11963-cgm Doc 3134 Filed 07/27/12 Pg 4</div> <div>United States Bankruptcy Court for the Southern District of New York</div> <div>Saint Vincents Catholic Medical Centers of New York (2010) Claims Processing</div> <div>c/o Epiq Bankruptcy Solutions, LLC</div> <div>Grand Central Station, P.O. Box 4834</div> <div>New York, NY 10163-4834</div> </div>		<h2 style="margin: 0;">PROOF OF CLAIM</h2>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name of Debtor Against Which Claim is Held BISHOP FRANCIS J. MUGAVERO CENTER FOR GERIATRIC CARE, INC. </div> <div style="width: 45%;"> Case No. of Debtor 10-11965 (CGM) </div> </div>		<h3 style="margin: 0;">THIS SPACE IS FOR COURT USE ONLY</h3>	
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 and address of Creditor: (and name and address where notices should be sent if different from Creditor) SV2 SCH AMD (MERGE2.DBF,SCHED_NO) SCHEDULE #: 965008730*** BAR(23) MAILID *** 000062804250 *** <div style="text-align: center;"> MESKIN, PHILIP 161 WEST 16TH STREET NEW YORK NY 10011 </div> <div style="display: flex; justify-content: space-between;"> Telephone number: Email Address: </div>		<div style="display: flex;"> <div style="width: 40%;"> <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____ </div> <div style="width: 60%; padding-left: 20px;"> Your claim is scheduled by the Debtor as: \$0.00 PRIORITY CONTINGENT </div> </div>	
Name and address where payment should be sent (if different from above) <div style="display: flex; justify-content: space-between;"> Telephone number: Email Address: </div>		<div style="display: flex;"> <div style="width: 40%;"> <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. </div> </div>	
1. Amount of Claim as of Date Case Filed: \$ _____ 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. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional 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: <div style="margin-top: 20px;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Wages, salaries or commissions (up to \$11,725), 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). </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Up to \$2,600 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(____). </div> <div style="margin-top: 20px;"> Amount entitled to priority: \$ _____ </div>	
2. Basis for Claim: _____ (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: _____ 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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Nature of property or right of setoff: Real Estate Motor Vehicle Other </div> 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: _____ <div style="display: flex; justify-content: space-between;"> Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ </div>			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. 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. <i>(See instruction 8 and definition of “redacted” on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		<h3 style="margin: 0;">FOR COURT USE ONLY</h3>	
<div style="display: flex;"> <div style="width: 15%;"> Date: </div> <div style="width: 85%;"> 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. </div> </div>			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Name of Debtor, and Case Number:

Fill in the name of the Debtor in the bankruptcy case, and the bankruptcy case number.

Saint Vincents Catholic Medical Centers of New York	10-11963	Sisters of Charity Health Care System Nursing Home, Inc. d/b/a Saint Ann's Health Care & Rehabilitation Center	10-11969
Bishop Francis J. Mugavero Center for Geriatric Care, Inc.	10-11965	St. Jerome's Health Services Corporation d/b/a Holy Family Home	10-11970
Chait Housing Development Corporation	10-11966	555 6 th Avenue Apartment Operating Corporation	10-11971
Fort Place Housing Corporation	10-11967	SVCMC Professional Registry, Inc.	10-11972
Pax Christie Hospice, Inc.	10-11968		

If your Claim is against multiple Debtors, complete a separate form for each Debtor.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9)

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

7. Credits:

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.

8. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Saint Vincents Catholic Medical Centers of New York (2010) Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
Grand Central Station, PO Box 4834
New York, NY 10163-4834**

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured Claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (www.svcmc restructuring.com) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

EXHIBIT B

Claim Name	Address Information
ABIOG, AVELINE M	340 E 93 ST 5C NEW YORK NY 10128
BEN-YSHAY, MARINA	1493 EAST 2ND STREET 1ST FLOOR BROOKLYN NY 11230
BURTON, THERESA	138-20 230TH PLACE LAURELTON NY 11413
CAMPBELL, PATRICIA	241 HOYT STREET APT. #8F BROOKLYN NY 11217
CASERO, SHARON	1169 OCEAN AVE. APT 2C BROOKLYN NY 11230
CATO, SASHANNA	144-39 256 STREET ROSEDALE NY 11422
DERRICK, JENNIFER I	960 ROGERS AVENUE APT. #3 BROOKLYN NY 11226
DEVITO, ROBERT J	380 WEST 12TH STREET APT. 2G NEW YORK NY 10014
FAGAN, VELMA	2502 CORTELYOU ROAD BROOKLYN NY 11226
FIGUEROA, ROSEMARIE	304 WEST 151 ST. APT. #7 NEW YORK NY 10039
FORTUNAT, BERTHYLE	8414 4TH AVENUE APT. A7 BROOKLYN NY 11209
FRIEDMAN, JOEL	7 REEVE PLACE BROOKLYN NY 11218
HARRIS, ANNA	397 HALSEY STREET BROOKLYN NY 11233
HAZLE, SHARON	144-10 229TH STREET SPRINGFILED GARDENS NY 11413
HIGGINS, OWEN P	25-95 43RD STREET ASTORIA NY 11103
JANKA, BELA	147-10 12 AVENUE WHITESTONE NY 11357
JORDAN, MARY E	260 E. 26TH STREET APT. 1R BROOKLYN NY 11226
JOSEPH, LESLINE L	8808 AVENUE B BROOKLYN NY 11236
MCCURCHIN, MICHAEL	765 PINE STREET BROOKLYN NY 11208
MESKIN, PHILIP	161 WEST 16TH STREET NEW YORK NY 10011
MORGAN, JOAN	393 BEACH 13 STREET FAR ROCKAWAY NY 11691
PASTORIZA, ZENaida A	8614 58TH AVENUE ELMHURST NY 11373
PEAN, MICHELLE M	261 MADISON STREET BROOKLYN NY 11216
PETERS, MARILYN	670 E 93RD ST BROOKLYN NY 11236
PETERSON, LESLIEANN	750 LEFFERTS AVENUE BROOKLYN NY 11203
SILVA, ARIEL	920 RIVERSIDE DRIVE #24 NEW YORK NY 10032
TANIS, MARALYN	1136 EAST 35TH STREET BROOKLYN NY 11210
THOMAS, CHARLES	1114 WINTHROP STREET APT. #3 BROOKLYN NY 11212
THOMPSON, DEBBIE	115-79 PARKWAY DRIVE ELMONT NY 11003
WATSON, YVONNE	3500 SNYDER AVENUE APT. #4U BROOKLYN NY 11203
ZULETA, RHODERICK	4129 46TH STREET APT. 3G SUNNYSIDE NY 11104

Total Creditor count 31
