

CSD 1001A [07/01/18](Page 1)

Docket #1474 Date Filed: 09/18/2024

Name, Address, Telephone No. &amp; I.D. No.

Name, Address, Telephone No. &amp; I.D. No.

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Order Entered on  
September 18, 2024  
by Clerk U.S. Bankruptcy Court  
Southern District of California

Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)

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Attorneys for the Co-Liquidating Trustee

**UNITED STATES BANKRUPTCY COURT**

SOUTHERN DISTRICT OF CALIFORNIA

325 West F Street, San Diego, California 92101-6991

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.  
22-02384-LT11

**ORDER ON  
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND DR. WAIEL PUTRUS  
REGARDING CLAIM NO. 41**

The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 18 pages. Stipulation Docket Entry No. 1468.

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DATED: September 18, 2024



Judge, United States Bankruptcy Court



ORDER ON STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR, THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND DR. WAIEL PUTRUS REGARDING CLAIM NO. 41

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

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On September 16, 2024, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Dr. Waiel Putrus filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Dr. Waiel Putrus Regarding Claim No. 41* [Docket No. 1468] (the “Stipulation”).

IT IS HEREBY ORDERED:

1. That the Stipulation, attached hereto as **Exhibit 1**, is approved in its entirety.
2. That the terms and conditions of the Stipulation shall be binding upon the parties and are hereby fully incorporated into this Order by this reference.

# EXHIBIT 1

DENTONS US LLP  
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(213) 623-9300

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Debtor and the Co-Liquidating Trustee  
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Email: jpomerantz@pszjlaw.com  
sgolden@pszjlaw.com

Attorneys for the Co-Liquidating Trustee

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF CALIFORNIA**

In re  
BORREGO COMMUNITY  
HEALTH FOUNDATION,  
  
Debtor and Debtor in  
Possession.

Case No. 22-02384-11  
Chapter 11 Case  
Judge: Honorable Laura S. Taylor

**STIPULATION BY AND AMONG THE  
POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE  
CO-LIQUIDATING TRUSTEES AND DR.  
WAIEL PUTRUS REGARDING CLAIM  
NO. 41**

DENTONS US LLP  
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LOS ANGELES, CALIFORNIA 90017-5704  
(213) 623-9300

Borrego Community Health Foundation, the debtor and debtor in possession (prior to the effective date of the Plan (defined below), the “Debtor,” and after the effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the Co-Liquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Dr. Waiel Putrus (the “Claimant”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Dr. Waiel Putrus Regarding Claim No. 41*.

### **RECITALS**

WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code commencing Case No. 22-02384 (the “Chapter 11 Case”) in the United States Bankruptcy Court for the Southern District of California;

WHEREAS, on or about November 1, 2022, Claimant filed Proof of Claim No. 41 in the amount of \$106,343.00 (“Claim 41”), a copy of which is attached hereto as **Exhibit A**;

WHEREAS, the Liquidating Trust was established pursuant to the *First Amended Joint Combined Disclosure Statement and Chapter 11 Plan of Liquidation of Borrego Community Health Foundation* [Docket No. 1168] (the “Plan”), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the “Confirmation Order”), and that certain *Liquidating Trust Agreement*, dated as of

February 14, 2024 (the “Liquidating Trust Agreement”);

WHEREAS, on or about July 25, 2024, the Liquidating Trustee and the Co-Liquidating Trustees filed an *Objection to Claim and Notice Thereof* regarding Claim 41 [the “Claim Objection”] [Docket 1417] on the basis that the Claimant did not provide sufficient support to substantiate the amount of Claim 41;

WHEREAS, the Post-Effective Date Debtor has reviewed its books and records and believes that Claim 41 relates to dental services rendered by the Claimant on behalf of the Debtor; and

WHEREAS, after the Post-Effective Date Debtor’s professionals reviewed Claim 41, the Parties have agreed to resolve any issues regarding Claim 41 as set forth herein.

### **STIPULATION**

**NOW THEREFORE**, subject to the approval of the Court, the Parties hereby agree and stipulate as follows:

1. Claim 41 shall be reduced and allowed as a general unsecured claim in the amount of \$100,000.00 (the “Allowed Claim Amount”).

2. Within thirty (30) days of entry of the order approving this Stipulation, the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to the Plan.

3. In consideration of the agreements with and value provided herein and other good and valuable consideration, the Parties hereby waive, remise, release and forever discharge the other, including each of their respective former and current predecessors, successors, assigns, affiliates, subsidiaries, parent companies, shareholders, partners, members, managers, investors directors, officers, accountants, attorneys, employees, agents, representatives and servants of, from and against any and all claims, actions, causes of action, suits, proceedings, defenses, counterclaims, contracts, judgments, damages, accounts, reckonings, executions, and liabilities whatsoever of every name and nature, whether known or unknown,



whether or not well-founded in fact or in law, and whether in law, at equity or otherwise, which either Party ever had or now has for or by reason of any matter, cause or anything whatsoever to this date relating to or arising out of the Parties' prior business relationship, or the Chapter 11 Case.

4. Each of the Parties to the Stipulation acknowledge that they are familiar with California Civil Code Section 1542 and with respect to the matters released herein, each Party expressly waives any and all rights under California Civil Code Section 1542 and under any other federal or state statute or law of similar effect. California Civil Code Section 1542 provides:

A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

5. Claimant hereby warrants that Claimant (a) is authorized and empowered to execute this Stipulation on behalf of the Claimant, (b) has read this Stipulation in its entirety and fully understands and accepts the terms set forth herein, (c) has had an opportunity to consult with legal counsel and any other advisors of Claimant's choice with respect to the terms of this Stipulation, and (d) is signing this Stipulation on Claimant's own free will.

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(213) 623-9300

6. The terms, covenants, conditions, and provisions of this Stipulation cannot be altered, changed, modified, or added to, or deleted from, except in a writing signed by all parties hereto.

7. This Stipulation may be executed in counterparts each of which shall be deemed an original, but all of which together shall constitute one and the same.

8. The Court shall retain jurisdiction over all matters relating to the interpretation and enforcement of this Stipulation.

Dated: September 16, 2024

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

By /s/ Tania M. Moyron  
Tania M. Moyron

Attorneys for the Post-Effective Date  
Debtor and the Co-Liquidating Trustee

Dated: September 16, 2024

PACHULSKI STANG ZIEHL & JONES LLP  
Jeffrey N. Pomerantz  
Steven W. Golden

By /s/ Steven W. Golden  
Steven W. Golden

Attorneys for the Co-Liquidating Trustee

Dated: September 16, 2024

By Waiel Putrus , dds  
Dr. Waiel Putrus

DENTONS US LLP  
601 SOUTH FIGUEROA STREET, SUITE 2500  
LOS ANGELES, CALIFORNIA 90017-5704  
(213) 623-9300



# EXHIBIT A

Case 22-02384-LT11 Filed 09/16/24 Entered 09/16/24 16:00:23 Doc 1468 Pg. 7 of 15

Claim #41 Date Filed: 11/1/2022  
Your claim can be filed electronically on KCC's website at <https://epoc.kccic.net/BorregoHealth>.  
ID: 25777733 PIN: DQciVXqA

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number 22-02384

**Official Form 410**  
**Proof of Claim**

The Debtor has listed your claim as Disputed on Schedule F (E/F, Part 2) as a General Unsecured claim. If you believe that you have a claim against the Debtor, please complete and return this form accordingly.

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or 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.

**Part 1: Identify the Claim**

NameID: 15089697

1. Who is the current creditor?	Waiel Putrus 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Waiel Putrus 2004 Highland Ave National City, CA 91950  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  <b>RECEIVED</b>  NOV 01 2022  KURTZMAN GILSON CONSULTANTS	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Country _____ Contact phone _____ Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



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**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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>106,343.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Dental services performed.</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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 amount 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

Official Form 410

Proof of Claim  
page 2



2202384221019011833000385

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* 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"/> Wages, salaries, or commissions (up to \$15,150*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

## 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 acknowledgement 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 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 10 27 2022  
MM / DD / YYYY

[Signature]  
Signature

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

Name Wael Putrus  
First name Middle name Last name

Title Dentist

Company \_\_\_\_\_

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

Address 2604 Highland Ave  
Number Street  
National City CA 91950 USA  
City State ZIP Code Country

Contact phone 619 474 2235 Email wypdds@aol.com

RECEIVED

NOV 01 2022

KUTZMAN CARSON CONSULTANTS





**Practice Information**

Wael Putrus DDS - National City  
2004 Highland Avenue  
National City CA 91950

**Explanation of Benefits (EOB)**

*Summary Page*

Invoice Date 2020-12-04

**EOB Details**

Invoice Date: 2020-12-04

Claim Count: 123

Total Amount: \$21,535.00

	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Wael Putrus	123	\$21,535.00
Total for Invoice Date: 2020-12-04			\$21,535.00

THIS IS NOT A BILL

Page 1 of 9



**Practice Information**

Wael Putrus DDS - National City  
2004 Highland Avenue  
National City CA 91950

**Explanation of Benefits (EOB)**

*Summary Page*

Invoice Date 2020-12-11

**EOB Details**

Invoice Date: 2020-12-11

Claim Count: 85

Total Amount: \$16,078.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Wael Putrus	85	\$16,078.00
Total for Invoice Date 2020-12-11			\$16,078.00

THIS IS NOT A BILL

Page 1 of 7





**Practice Information**

Walel Putrus DDS - National City  
2004 Highland Avenue  
National City CA 91950

**Explanation of Benefits (EOB)**

*Summary Page*

Invoice Date 2020-12-18

**EOB Details**

Invoice Date: 2020-12-18

Claim Count: 52

Total Amount: \$9,370.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Walel Putrus	52	\$9,370.00
Total for Invoice Date: 2020-12-18			\$9,370.00

THIS IS NOT A BILL

Page 1 of 5



**Practice Information**

Walel Putrus DDS - National City  
2004 Highland Avenue  
National City CA 91950

**Explanation of Benefits (EOB)**

*Summary Page*

Invoice Date 2020-12-25

**EOB Details**

Invoice Date: 2020-12-25

Claim Count: 105

Total Amount: \$30,725.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Walel Putrus	105	\$30,725.00
Total for Invoice Date 2020-12-25			\$30,725.00

THIS IS NOT A BILL

Page 1 of 8



**Practice Information**

Wael Putrus DDS - National City  
2004 Highland Avenue  
National City CA 91950

**Explanation of Benefits (EOB)**

*Summary Page*

Invoice Date 2021-01-01

**EOB Details**

Invoice Date: 2021-01-01  
Claim Count: 37  
Total Amount: \$9,435.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Wael Putrus	37	\$9,435.00
Total for Invoice Date 2021-01-01			\$9,435.00

THIS IS NOT A BILL

Page 1 of 4



**Practice Information**

Wael Putrus DDS - National City  
2004 Highland Avenue  
National City CA 91950

**Explanation of Benefits (EOB)**

*Summary Page*

Invoice Date 2020-11-27

**EOB Details**

Invoice Date: 2020-11-27

Claim Count: 136

Total Amount: \$19,200.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Wael Putrus	136	\$19,200.00
Total for Invoice Date 2020-11-27			\$19,200.00

THIS IS NOT A BILL

Page 1 of 10

## Notice Recipients

District/Off: 0974-3

User: Admin.

Date Created: 9/18/2024

Case: 22-02384-LT11

Form ID: pdfO1

Total: 6

### Recipients of Notice of Electronic Filing:

aty	Jeffrey N. Pomerantz	jpomerantz@pszjlaw.com
aty	Jeffrey N. Pomerantz	jpomerantz@pszjlaw.com;tkapur@pszjlaw.com;sgolden@pszjlaw.com
aty	Steven W Golden	sgolden@pszjlaw.com
aty	Tania M. Moyron	tania.moyron@dentons.com

TOTAL: 4

### Recipients submitted to the BNC (Bankruptcy Noticing Center):

db	BORREGO COMMUNITY HEALTH FOUNDATION,	587 Palm Canyon Dr.	Suite 208	Borrego
	Springs, CA 92004			
aty	Samuel Ruven Maizel	Dentons US LLP	601 South Figueroa Street	Suite 2500 Los Angeles,
	CA 90017			

TOTAL: 2