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

16 In re

17 **BORREGO COMMUNITY**
18 **HEALTH FOUNDATION,**

19 Debtor and Debtor in
20 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
JOSE L. LOPEZ, DDS REGARDING
CLAIM NO. 165**



2202384241211000000000002

DENTONS US LLP
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1 Borrego Community Health Foundation, the debtor and debtor in possession
2 (prior to the effective date of the Plan (defined below), the "Debtor," and after the
3 effective date, the "Post-Effective Date Debtor") in the above-captioned chapter 11
4 bankruptcy case, the Liquidating Trustee (the "Liquidating Trustee") of the Borrego
5 Community Health Foundation Liquidating Trust (the "Liquidating Trust"), the Co-
6 Liquidating Trustees of the Liquidating Trust (the "Co-Liquidating Trustees") and
7 Jose L. Lopez, DDS (the "Claimant," and collectively with the Post-Effective Date
8 Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the "Parties")
9 hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the*
10 *Liquidating Trustee, the Co-Liquidating Trustees and Jose Lopez Regarding Claim*
11 *No. 165.*

12 RECITALS

13 WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for
14 relief under chapter 11 of title 11 of the United States Code commencing Case No.
15 22-02384 (the "Chapter 11 Case") in the United States Bankruptcy Court for the
16 Southern District of California;

17 WHEREAS, on or about November 18, 2022, Claimant filed Proof of Claim
18 No. 165 in the amount of \$32,777.00 ("Claim 165"), a copy of which is attached
19 hereto as **Exhibit A**;

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

February 14, 2024 (the "Liquidating Trust Agreement");

WHEREAS, the Post-Effective Date Debtor has reviewed its books and records and believes that Claim 165 relates to dental services performed by the Claimant on behalf of the Debtor; and

WHEREAS, after the Post-Effective Date Debtor's professionals reviewed Claim 165, the Parties have agreed to resolve any issues regarding Claim 165 as set forth herein.

STIPULATION

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

1. Claim 165 shall be reduced and allowed as a general unsecured claim in the amount of \$10,000.00 (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.

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

6
7 A general release does not extend to claims that the
8 creditor or releasing party does not know or suspect to
9 exist in his or her favor at the time of executing the
10 release and that, if known by him or her, would have
11 materially affected his or her settlement with the debtor
12 or released party.

13 5. Claimant hereby warrants that Claimant (a) is authorized and
14 empowered to execute this Stipulation on behalf of the Claimant, (b) has read this
15 Stipulation in its entirety and fully understands and accepts the terms set forth
16 herein, (c) has had an opportunity to consult with legal counsel and any other
17 advisors of Claimant's choice with respect to the terms of this Stipulation, and (d)
18 is signing this Stipulation on Claimant's own free will.
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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: December 11, 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: December 11, 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: December 04, 2024

By 
Jose L. Lopez, DDS

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

EXHIBIT A

Your claim can be filed electronically on KCC's website at <https://epoc.kccdc.net/BorregoHealth>.

ID: 25777544

PIN: 7FNwJ9IO

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

- ☒ Date Stamped Copy Returned
- ☐ No self addressed stamped envelope
- ☐ No copy to return

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: 15087014

1. Who is the current creditor?	<u>Jose L. Lopez, DDS</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>JOSE L. LOPEZ, D.D.S., INC.</u>	
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? <u>Jose L. Lopez, DDS</u> <u>3490 Palm Avenue</u> <u>San Diego, CA 92154</u>	Where should payments to the creditor be sent? (if different) <u>SAME ADDRESS</u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) <div style="border: 1px solid black; padding: 5px; width: fit-content;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">NOV 18 2022</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">KURZBAN CARSON CONSULTANTS</div>		
Address _____ 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? _____	



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?



No



Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim?

\$ 32,117.⁰⁰

Does this amount include interest or other charges?



No



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.

SERVICES PERFORMED

9. Is all or part of the claim secured?



No



Yes. The claim is secured by a lien on property.

Nature of property:Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle



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.)

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KURTZEN CARSON CONSULTANTS

Amount necessary to cure any default as of the date of the petition:

\$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed



Variable

10. Is this claim based on a lease?



No



Yes. Amount necessary to cure any default as of the date of the petition.

\$ _____

11. Is this claim subject to a right of setoff?



No



Yes. Identify the property: _____



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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

☐ 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). \$ _____

☐ 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). \$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☐ 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 11/16/2022
MM / DD / YYYY

Signature

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

Name

JOSE

L.

LOPEZ

First name

Middle name

Last name

Title

DDS. / PRESIDENT OF CORP.

Company

JOSE L. LOPEZ, DDS, INC.

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

Address

3490 PALM AVE.

Number

Street

SAN DIEGO, CA

City

State

92154

ZIP Code

US

Country

Contact phone

(619) 423-1351

Email

lopezsmile@yahoo.com

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