



CSD 2015 [05/01/23]

2. **Within 30<sup>1</sup> days from the date of service of this motion**, you are further required to serve a copy of your **Declaration in Opposition to Motion** and separate **Request and Notice of Hearing** [Local Form CSD 1184] upon the undersigned moving party, together with any opposing papers. The opposing declaration must be signed and verified in the manner prescribed by FRBP 9011, and the declaration must:
- a. identify the interest of the opposing party; and
  - b. state, with particularity, the grounds for the opposition.
3. **You must** file the original of the Declaration and Request and Notice of Hearing with proof of service with the Clerk of the U.S. Bankruptcy Court at 325 West F Street, San Diego, California 92101-6991, no later than the next business day following the date of service.
- If you fail to serve your “Declaration in Opposition to Intended Action” and “Request and Notice of Hearing”** within the 30-day<sup>1</sup> period provided by this notice, **no hearing will take place**, you will lose your opportunity for hearing, and the debtor or trustee may proceed to take the intended action.

I hereby declare under penalty of perjury that the objection set forth above is true and correct to the best of my information and belief.

DATED: 3/7/2025

/s/ Tania M. Moyron

Tania M. Moyron

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

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

SAMUEL R. MAIZEL (Bar No. 189301)  
samuel.maizel@dentons.com  
TANIA M. MOYRON (Bar No. 235736)  
tania.moyron@dentons.com  
DENTONS US LLP  
601 South Figueroa Street, Suite 2500  
Los Angeles, California 90017-5704  
Telephone: 213 623-9300  
Facsimile: 213 623-9924

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

Jeffrey N. Pomerantz (Bar No. 143717)  
Steven W. Golden (Admitted Pro Hac Vice)  
PACHULSKI STANG ZIEHL & JONES LLP  
10100 Santa Monica Blvd., 13th Floor  
Los Angeles, CA 90067  
Telephone: 310-277-6910  
Facsimile: 310-201-0760  
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

**DECLARATION OF ISAAC LEE IN  
SUPPORT OF OBJECTION TO  
CLAIM 133 FILED BY JANICE JONES**

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

1 I, Isaac Lee, hereby state and declare as follows:

2 1. I am the Co-Liquidating Trustee of the BCHF Liquidating Trust (the  
3 “Liquidating Trust”).

4 2. I am a Managing Director at Ankura with more than 20 years of  
5 operational and financial restructuring experience. I have advised numerous  
6 companies on turnaround plan development and evaluation, liquidity improvement  
7 initiatives, asset dispositions, liability management and bankruptcy filing  
8 preparation. I have also assisted in managing and administering companies during  
9 this chapter 11 case. Additionally, I have prior experience with health care providers,  
10 including a nine surgical center system and had senior level responsibilities on two  
11 prior engagements where Ankura has been involved as Chief Restructuring Officer.

12 3. I received my MBA from the Tuck School at Dartmouth College and  
13 my BS in Business Administration from the University of Southern California.

14 4. I am knowledgeable and familiar with the Debtor’s day-to-day  
15 operations, business, and financial affairs, restructuring efforts and the circumstances  
16 leading to the commencement of this chapter 11 case. Except as otherwise indicated  
17 herein, this declaration is based upon my personal knowledge, my review of relevant  
18 documents (or the review of others under my supervision), information provided to  
19 me by former employees of the Debtor, the Liquidating Trust’s legal and financial  
20 advisors, or my opinion based upon my experience, knowledge, and information  
21 concerning the Debtor and the medical industry. If called upon to testify, I would  
22 testify competently to the facts set forth in this Declaration.

23 5. I make this declaration (the “Declaration”) in support of the *Objection*  
24 *to Claim 133*, filed by Janice Jones (the “Objection”).

25 6. I incorporate by reference into this Declaration my *Declaration in*  
26 *Support of Emergency First Day Motions* [Docket No. 7].

27 7. On November 18, 2022, the Claimant filed Proof of Claim Number 133  
28 (“Claim 133”) in the amount of \$24,000.00, a copy of which is attached hereto as

1 **Exhibit A.** Claim 133 was filed in connection with John Hancock Life Insurance  
2 Company retirement plan policy #95374997 (the “Policy”), and Claimant’s  
3 contributions to such Policy.

4 8. As a result of the Policy still being in effect, and Claimant continuing to  
5 have the right to make contributions to it, the Debtor’s books and records do not  
6 reflect that any amount is owed on account of Claim 133.

7 9. The Post-Effective Date Debtor and the Liquidating Trustees expressly  
8 reserve their rights to amend, modify, or supplement this Objection to Claim 133, or  
9 file a new objection to assert objections to Claim 133. Should the grounds for  
10 disallowance of the Claim as stated in this Objection be deemed insufficient, the Post-  
11 Effective Date Debtor and the Liquidating Trustees reserve their rights to object to  
12 the Claim on any other grounds.

13 I declare under penalty of perjury that, to the best of my knowledge and after  
14 reasonable inquiry, the foregoing is true and correct.

15 Executed this 7th day of March 2025, at Los Angeles, California.

16  
17 /s/ Isaac Lee  
Isaac Lee

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

# EXHIBIT A

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California  
(State)

Case number 22-02384

Official Form 410  
**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Janice Jones</u> 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?	<b>Where should notices to the creditor be sent?</b>  <u>Janice Jones</u> <u>P O Box 945</u> <u>Borrego Springs, CA 92004</u>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Contact phone <u>949-235-9655</u> Contact email <u>janjonesfnp@gmail.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>    Contact phone _____ Contact email _____
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.	<b>Do you have any number you use to identify the debtor?</b>	<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.	<b>How much is the claim?</b> \$ <u>24,000</u>	<b>Does this amount include interest or other charges?</b> <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.	<b>What is the basis of the claim?</b> 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>Retirement Plan</u>	
9.	<b>Is all or part of the claim secured?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	<b>Is this claim based on a lease?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____	
11.	<b>Is this claim subject to a right of setoff?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	





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

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

☐ No☒ Yes. Check all that apply:

## 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). \$ 24,000☐ 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 11/18/2022  
MM / DD / YYYY

/s/Janice L Jones  
Signature

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

Name Janice L Jones  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address \_\_\_\_\_

Contact phone \_\_\_\_\_

Email \_\_\_\_\_



## KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation <b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Janice Jones P O Box 945 Borrego Springs, CA, 92004 <b>Phone:</b> 949-235-9655 <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> janjonesfrp@gmail.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Retirement Plan	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 24,000	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(5): 24,000	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Janice L Jones on 18-Nov-2022 4:10:49 p.m. Eastern Time <b>Title:</b> <b>Company:</b>		



John Hancock Life Insurance Company (U.S.A.)

JANICE JONES

November 18, 2022

The values provided herein are based on information available to the company as of 11/17/2022 and are subject to change. Any payment currently applied to the policy that is subsequently returned or protested will render the values set forth in this policy summary invalid.

Policy Summary as of: 11/17/2022

Policy No. 95374997

OWNER

JANICE JONES

INSURED

Name:

JANICE JONES

Sex:

Female

BENEFICIARY

THE ROSEN/JONES TRUST DATED JULY 9, 2009

POLICY

Plan:

ACCUMULATION UL - 2009

Policy Year Date:

November 1, 2010

Status:

Lapse Pending

PREMIUMS

Next Premium Due Date:

11/01/2022

Last Premium Paid Date:

09/16/2022

Last Premium Paid Amount:

\$1,400.00

Frequency of Payment:

QUARTERLY

Total Premium Received:

\$228,753.72

MONTHLY CHARGES

Cost of Insurance:

\$3.44

Administration Charge:

\$10.00

Rider Cost:

\$0.00

Contract Charge:

\$0.00

CASH SURRENDER VALUES

Outstanding Loan Balance:

\$0.00

DEATH BENEFIT

Death Benefit Option:

Increasing Death Benefit

Gross Death Benefit:

\$330,554.00

Outstanding Loan Balance:

\$0.00

Life Post Issue - Customer Service Center, PO Box 55979, Boston, MA 02205

Phone: 1-800-387-2747, Fax: 1-617-572-1571.

Securities are offered through **John Hancock Distributors LLC** through other broker/dealers that have a selling agreement with John Hancock Distributors LLC,  
197 Clarendon Street, Boston, MA 02116

Page 1 of 2



**John Hancock Life Insurance Company (U.S.A.)**

---

NET DEATH BENEFIT:

\$329,867.51

For additional information not provided within this statement please contact Customer Service Center using the information below.

---

Life Post Issue - Customer Service Center, PO Box 55979, Boston, MA 02205  
Phone: 1-800-387-2747, Fax: 1-617-572-1571.

Securities are offered through **John Hancock Distributors LLC** through other broker/dealers that have a selling agreement with John hancock Distributors LLC,  
197 Clarendon Street, Boston, MA 02116

Page 2 of 2

---

**CERTIFICATE OF SERVICE**

I, the undersigned whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

That on 7th day of March, 2025, I served a true copy of this OBJECTION TO CLAIM AND NOTICE THEREOF, together with the following pleadings on the following persons listed below by the mode of service shown below:

Pleadings: Objection to Claim and Notice Thereof; Declaration of Isaac Lee in Support of  
Objection to Claim 133, Filed by Janice Jones

**1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):**

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On March 7, 2025, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

☐ Chapter 7 Trustee:

☒ For Chpt. 7, 11, & 12 cases:  
UNITED STATES TRUSTEE  
ustp.region15@usdoj.gov

☐ For Chapter 13 cases assigned to:  
MICHAEL KOCH, TRUSTEE  
mkoch@ch13.sdcoxmail.com

<sup>1</sup>Depending on how you were served, you may have additional time for response. See FRBP 9006.

CSD 2015 [12/01/23]

2. **Served by United States Mail:**

On \_\_\_\_\_, I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

3. **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:**

Under FRCP 5 and controlling LBR, on \_\_\_\_\_, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on March 7, 2025  
(Date)

/s/ Nancy H. Brown  
(Typed Name and Signature)  
Nancy H. Brown  
10100 Santa Monica Boulevard, Suite 1300  
(Address)

Los Angeles, CA 90067  
(City, State, ZIP Code)