Fill in this information to identify the case:

Debtor name Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 20, 2017

X _____
Signature of individual signing on behalf of debtor

Stephen A. Yenchek
Printed name

President & Chief Executive Officer
Position or relationship to debtor

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Best Case Bankruptcy

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 Largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 Largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent unliqui-dated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Greystone Development Company 225 E John Carpenter Freeway Suite 700 Irving TX 75062	Brad Straub bstraub@greystonecommunities.com 972-402-3763	Developer Fees	☐ C ☐ U ☐ D			$306,825.31
2	Name Intentionally Omitted 507 Bradbury Geneva IL 60134	C/O Nancy Ludeks	Refund to Former Resident	☑ C ☐ U ☐ D			$301,055.00
3	Name Intentionally Omitted 623 Independence Ave Elburn IL 60119	C/O Janet Walstrom	Refund to Former Resident	☑ C ☐ U ☐ D			$290,790.00
4	Name Intentionally Omitted 43W950 Kenmar Drive Elburn IL 60119	c/o Connie Hodson	Refund to Former Resident	☑ C ☐ U ☐ D			$282,065.00
5	Duane Morris Attn: Payment Processing 30 South 17th Street Philadelphia PA 19103-4196	Charlie Lewis cblewis@duanemorris.com 215-979-1000 fax 215-979-1020	Legal Fees	☐ C ☐ U ☐ D	$96,944.76	undetermined	$96,944.76
6	Name Intentionally Omitted 1S316 Revere House Lane Geneva IL 60134-4806	c/o Charles Bell	Refund to Former Resident	☑ C ☐ U ☐ D			$61,029.76
7	MIDAMERICAN ENERGY COMPANY P.O. BOX 8019 DAVENPORT IA 52808-8019		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$31,667.00
8	MILL CREEK WATER DIST P.O. BOX 4290 CAROL STREAM IL 60197-4290		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$4,433.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent unliqui-dated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	MEDIACOM LLC PO BOX 5744 CAROL STREAM IL 60197-5741		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$2,090.00
10	REPUBLIC P.O. BOX 9001154 LOUISVILLE KY 40290-1154		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$1,900.00
11	VERIZON WIRELESS P.O. BOX 25505 LEHIGH VALLEY PA 18002-5505		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$823.00
12	CENTERPOINT ENERGY 23968 NETWORK PLACE CHICAGO IL 60673-1239		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$823.00
13	AT&T BILL PAYMENT CENTER P.O. BOX 5080 CAROL STREAM IL 60197-5080		Estimated Utility Payment for April 1 - 18, 2017	☐ C ☑ U ☐ D			$380.00

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets–Real and Personal Property*** (Official Form 206A/B)

1a.	**Real property:** Copy line 88 from Schedule A/B	$50,898,342.32
1b.	**Total personal property:** Copy line 91A from Schedule A/B	$5,979,132.33
1c.	**Total of all property:** Copy line 92 from Schedule A/B	$56,877,474.65

Part 2: Summary of Liabilities

2.	***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	$100,581,151.76
3.	***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)	
3a.	**Total claim amounts of priority unsecured claims:** Copy the total claims from Part 1 from line 5a of Schedule E/F	$942,939.76
3b.	**Total amount of claims of nonpriority amount of unsecured claims:** Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ $11,503,487.31
4.	***Total liabilities*** Lines 2 + 3a + 3b	$113,027,578.83

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☑ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2. Cash on hand	
2.1. CASH REGISTERS, CHANGE FUND, DEPARTMENTAL PETTY CASH	$2,129.29

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	SCHAUMBURG BANK & TRUST 350 W SCHAUMBURG RD. SCHAUMBURG IL 60194	CHECKING ACCOUNT	0210	$2,045,536.98
3.2.	UMB BANK P.O. BOX 419692 KANSAS CITY MO 64141-7014	PLEDGED ACCOUNT	4091.3	$270,632.80
3.3.	ELK GROVE VILLAGE BANK & TRUST 1145 N ARLINGTON HEIGHTS ROAD ITASCA IL 60143	ESCROW ACCOUNT	9372	$366,600.00

4. Other cash equivalents *(Identify all)*

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	$_____

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. $2,684,899.07

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☑ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	TWO WEEKS OF PAYROLL, BENEFITS AND PAYROLL TAXES FRIENDSHIP SENIOR OPTIONS	$250,000.00
7.2.	FOOD PURCHASES MORRISON MANAGEMENT	$30,000.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	NETWORK SERVICES MAINT CONTRACT BLACK BOX	$10,263.36
8.2.	SERVER AND CLIENT/NETWORK LICENSES CARDWATCH 10	$3,735.00
8.3.	RETAINER DONLIN, RECANO & COMPANY, INC.	$3,235.00
8.4.	BARRACUDA WEB SECURITY GATEWAY 610 APPLIANCE IR ITEK SYSTEMS INC	$1,999.80
8.5.	(BARRACUDA WEB SECURITY GATEWAY 610 EU) ITEK SYSTEMS INC	$2,399.00
8.6.	(REPS LEADS SUBSCRIPTION) MATRIXCARE	$1,863.00
8.7.	SOFTWARE PREPAYMENT ONSHIFT	$2,211.30
8.8.	RETAINER STAHL, COWEN ETAL	$50,029.50

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81. $355,735.96

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☑ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

Face amount | Doubtful or uncollectible accounts

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

11a.	90 days old or less:	$1,981,090.47	- $0.00	= ..... →		$1,981,090.47
		Face amount	Doubtful or uncollectible accounts			
11b.	Over 90 days old:	$543,965.00	- $0.00	= ..... →		$543,965.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $2,525,055.47

Part 4: Investments

13. Does the debtor own any investments?

☑ No. Go to Part 5.

☐ Yes. Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1			
	Name of fund or stock		
14.1.	_____	_____	$_____
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture			
	Name of entity	% of ownership	
15.1.	_____	_____% _____	$_____
16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1			
	Describe		
16.1.	_____	_____	$_____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83. $0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.

☑ Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials					
19.1.	_____	_____	$_____	_____	$_____
20. Work in progress					
20.1.	_____	_____	$_____	_____	$_____
21. Finished goods, including goods held for resale					
21.1.	_____	_____	$_____	_____	$_____

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

22. Other inventory or supplies

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	DINING SERVICES INVENTORY	_____	$21,803.00	NET BOOK VALUE	$21,803.00

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84. $21,803.00

24. Is any of the property listed in Part 5 perishable?

☐ No
☑ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No
☑ Yes Book value: $21,803.00 Valuation method: PAID CASH Current value: $21,803.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☑ No. Go to Part 7.
☐ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	**Crops—either planted or harvested**			
28.1.	_____	$_____	_____	$_____
29.	**Farm animals.** Examples: Livestock, poultry, farm-raised fish			
29.1.	_____	$_____	_____	$_____
30.	**Farm machinery and equipment** (Other than titled motor vehicles)			
30.1.	_____	$_____	_____	$_____
31.	**Farm and fishing supplies, chemicals, and feed**			
31.1.	_____	$_____	_____	$_____
32.	**Other farming and fishing-related property not already listed in Part 6**			
32.1.	_____	$_____	_____	$_____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85. $0.00

34. Is the debtor a member of an agricultural cooperative?

☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
  ☐ No
  ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes Book value: $_____ Valuation method: _____ Current value: $_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☑ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	**Office furniture**			
39.1.	CARPET EXTRACTOR	$2,383.52	10% of Cost	$253.44
39.2.	GREENFIELDS OF GENEVA EQUIPMENT FY 2013	$71,900.39	10% of Cost	$61,628.94
39.3.	SCISSORS LIFT KIT - GREENFIELDS	$3,532.26	10% of Cost	$690.00
39.4.	LOW VISION MAGNIFIER MACHINE - GFS	$2,606.25	10% of Cost	$337.50
39.5.	TOOLS FOR HVAC TECHNICIAN	$4,817.07	10% of Cost	$635.23
39.6.	HOUSEKEEPING EQUIPMENT	$2,468.28	10% of Cost	$376.98
39.7.	AUTOSCRUBBER	$1,902.03	10% of Cost	$290.49
39.8.	FOOD PROCESSOR/ROBOT COUPE	$1,024.41	10% of Cost	$128.43
39.9.	HOUSEKEEPING EQUIPMENT-EXTRACTOR	$11,609.04	10% of Cost	$1,455.46
39.10.	HVLP HANDHELP SPRAYER/PAINT APPLICATOR	$1,510.70	10% of Cost	$210.81
39.11.	PORTABLE HVAC	$2,440.92	10% of Cost	$306.02
39.12.	HALLWAY UPGRADES-ARTWORK, WINDOW TREATMENTS	$4,458.24	10% of Cost	$519.40
39.13.	GREENFIELDS OF GENEVA FURNISHINGS FY2012	$123,154.34	10% of Cost	$54,447.26
39.14.	GREENFIELDS OF GENEVA FURNISHINGS FY2013	$551,942.62	10% of Cost	$149,558.64
39.15.	PATIO FURNITURE FOR HEALTH CARE CENTER	$3,685.05	10% of Cost	$1,163.70
39.16.	OFFICE FURNITURE - GREENFIELDS OF GENEVA	$5,359.94	10% of Cost	$1,047.10
39.17.	KITCHEN SHELVING AND STORAGE ENHAN CEMENT	$1,637.72	10% of Cost	$319.90
39.18.	FURNITURE FOR AL LIVING ROOM AREAS	$2,841.03	10% of Cost	$433.89
39.19.	FURNITURE FOR CHAPLAIN	$1,697.57	10% of Cost	$259.25
39.20.	FURNITURE FOR SOCIAL WORKER	$1,172.81	10% of Cost	$179.14
39.21.	OUTDOOR FURNITURE	$2,050.30	10% of Cost	$313.14
39.22.	BABY GRAND PIANO	$2,893.09	10% of Cost	$381.50

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

39.23.	STORAGE CLOSET SHELVING	$855.88	10% of Cost	$130.71
39.24.	FILE CABINET	$626.57	10% of Cost	$95.69
39.25.	UMBRELLA - BRIARWOOD SECOND FLOOR PATIO	$503.74	10% of Cost	$97.50
39.26.	PING PONG TABLE	$879.26	10% of Cost	$134.27
39.27.	POOL TABLE	$2,105.04	10% of Cost	$321.52
39.28.	WINDOW TREATMENTS	$4,386.96	10% of Cost	$670.00
39.29.	OUTDOOR TEAK FURNITURE	$7,853.42	10% of Cost	$984.62
39.30.	CASE MANAGER FURNITURE	$1,049.48	10% of Cost	$111.59
39.31.	BLINDS FOR LOBBY	$5,655.68	10% of Cost	$1,104.80
39.32.	VITALS MACHINE WITH STAND - GREENFIELDS	$2,791.00	10% of Cost	$545.19
39.33.	BLADDER SCANNER - GREENFIELDS	$4,281.31	10% of Cost	$836.33
39.34.	HEART START DEFRIBILATOR WITH CABINET - GREENFIELDS	$636.88	10% of Cost	$124.45
39.35.	WHEELCHAIRS - GREENFIELDS	$655.87	10% of Cost	$128.15
39.36.	WHEELCHAIR CUSHIONS (GFS)	$1,943.54	10% of Cost	$379.67
39.37.	TREATMENT CARTS (GFS)	$4,539.44	10% of Cost	$886.74
39.38.	VITALS MACHINE WITH STAND	$1,447.41	10% of Cost	$282.75
39.39.	WHEELCHAIRS WITH BAGS (17)	$2,506.92	10% of Cost	$489.72
39.40.	ULTRALIFT 3510 WITH SCALE AND BATTERY PACK (2)	$3,777.74	10% of Cost	$738.00
39.41.	WALKER DELUXE WITH WHEELS (5)	$518.47	10% of Cost	$101.29
39.42.	SIT TO STAND - STEADY AID 3500 (2)	$3,690.70	10% of Cost	$720.97
39.43.	RECLINER WHEELCHAIRS WITH BAGS (3)	$2,389.63	10% of Cost	$466.80
39.44.	ELECTRONIC MEDICAL RECORDS GFS WAGES FOR FY2013	$6,587.70	10% of Cost	$1,152.87
39.45.	SHOWER CHAIRS (8)	$632.80	10% of Cost	$96.63
39.46.	WHEELCHAIRS WITH BAGS	$1,270.21	10% of Cost	$194.01
39.47.	WHEECHAIR SCALE	$2,317.64	10% of Cost	$353.97
39.48.	UNDER COUNTER FREEZERS	$2,052.87	10% of Cost	$313.54
39.49.	SECURITY CAMERAS (GREENFIELDS)	$26,469.66	10% of Cost	$3,693.44
39.50.	IPADS 32GB WIFI (9)	$0.00	10% of Cost	$487.19
39.51.	GREENFIELDS OF GENEVA HARDWARE & SOFTWARE FY2012	$0.00	10% of Cost	$26,100.23
39.52.	GREENFIELDS OF GENEVA HARDWARE & SOFTWARE FY2013	$50,110.31	10% of Cost	$42,951.77
39.53.	RESIDENT INTERNET (GREENFIELDS)	$5,649.69	10% of Cost	$1,070.46
40.	**Office fixtures**			
40.1.	REPORTED IN NUMBER 39 ABOVE	$_____	_____	$_____

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

41. Office equipment, including all computer equipment and communication systems equipment and software

		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	REPORTED IN NUMBER 39 ABOVE	$_____	_____	$_____

42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1.	REPORTED IN NUMBER 39 ABOVE	$_____	_____	$_____

43. Total of part 7

Add lines 39 through 42. Copy the total to line 86. $360,701.09

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No
☑ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No
☑ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.
☑ Yes. Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	**Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**			
47.1.	2011 FORD F250 SUPER DUTY (PICK UP TRUCK) (VIN # 1FT7X2B60BED10291)	$6,991.60	NET BOOK VALUE	$6,991.60
47.2.	VAN - 2014 HONDA ODYSSEY (VIN # 5FNRL5H65EBO30818)	$10,652.24	NET BOOK VALUE	$10,652.24
47.3.	2012 FORD E450 SUPER DUTY VAN (VIN # 1FDFE4FS1CDA19337)	$13,293.90	NET BOOK VALUE	$13,293.90
48.	**Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1.	_____	$_____	_____	$_____
49.	**Aircraft and accessories**			
49.1.	_____	$_____	_____	$_____
50.	**Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**			
50.1.	_____	$_____	_____	$_____

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87. $30,937.74

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No
☑ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.
☑ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.1.[1] GREENFIELDS OF GENEVA BUILDING RETIREMENT COMMUNITY _____ 0N801 FRIENDSHIP WAY GENEVA IL 60134	FEE SIMPLE OWNERSHIP	$50,898,342.32	net book value	$50,898,342.32

[1]THE VALUE DOES NOT INCLUDE AN ADJUSTMENT FOR THE ANTICIPATED COST OF REMEDIATION AND REPAIR OF PHYSICAL CONDITIONS ON THE CAMPUS.

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88. $50,898,342.32

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No
☑ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No
☑ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.
☑ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
60.1. GREENFIELDS OF GENEVA	UNDETERMINED	_____	UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

61. Internet domain names and websites

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	GREENFIELDSOFGENEVA.ORG	UNDETERMINED	_____	UNDETERMINED
61.2.	MYFSO.ORG	UNDETERMINED	_____	UNDETERMINED

62. Licenses, franchises, and royalties

62.1.	_____	$_____	_____	$_____

63. Customer lists, mailing lists, or other compilations

63.1.	THE DEBTOR MAINTAINS NAME, MAILING ADDRESS, E-MAIL ADDRESS, AND TELEPHONE NUMBER INFORMATION FOR ITS RESIDENTS AND POTENTIAL RESIDENTS.	$_____	_____	UNDETERMINED

64. Other intangibles, or intellectual property

64.1.	_____	$_____	_____	$_____

65. Goodwill

65.1.	_____	$_____	_____	$_____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89. UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☐ No
☑ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☑ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☑ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

	Description (include name of obligor)	Total face amount		Doubtful or uncollectible amount		Current value of debtor's interest
71.1.	_____	$_____	-	$_____	= ..... →	$_____
	_____					

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

72. Tax refunds and unused net operating losses (NOLs)

	Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1.	_____	$_____	$_____	_____	$_____

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP	CCRRRG-0005-17	_____	_____	_____	UNDETERMINED
73.2.	TRAVELERS	KTJ-CMB-5288X84-0-16	_____	_____	_____	UNDETERMINED
73.3.	PMA COMPANIES	0469866	_____	_____	_____	UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

		Nature of claim	Amount requested	Current value of debtor's interest
74.1.	DORSKY, HODGSON, PARRISH, YUE	DEFICIENCY IN DESIGN OF MECHANICAL SYSTEMS AND PLUMBING AND WASTE STACKS	$3,000,000.00	UNDETERMINED
74.2.	LEND LEASE	COSTS INCURRED TO RECTIFY DEFECTIVE WORK ALLOWING WATER DAMAGE TO EXTERIOR OF BUILDING, IMPROPER INSTALLATION OF CONDENSING UNITS FOR THE COOLING SYSTEM, CORRECT DEFECTS IN FIRE SAFETY ISSUES, AND LIQUIDATED DAMAGES PER THE CONTRACT FOR DELAYED OPENING OF THE FACILITY	$865,571.00	UNDETERMINED
74.3.	PHILADELPHIA INSURANCE	ADDED CONSTRUCTION LOAN INTEREST, LOST RENTAL INCOME AND EXPENSES RELATED TO DELAYED OPENING OF BUILDING TO DO CONSTUCTION AND DESIGN DEFICIENCIES	$4,557,401.00	UNDETERMINED
74.4.	CERTAIN SUBCONTRACTORS EMPLOYED BY DORSKY, HODGSON, ET AL.	DEFICIENCY IN DESIGN OF MECHANICAL SYSTEMS AND PLUMBING AND WASTE STACKS	UNDETERMINED	UNDETERMINED

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

		Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	_____	$_____	$_____

76. Trusts, equitable or future interests in property

76.1. _____ $_____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. _____ $_____

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☑ No

☐ Yes

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

	Type of property	Current value of personal property	Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1.*	$2,684,899.07	
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$355,735.96	
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$2,525,055.47	
83.	**Investments.** *Copy line 17, Part 4.*	$0.00	
84.	**Inventory.** *Copy line 23, Part 5.*	$21,803.00	
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00	
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	$360,701.09	
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$30,937.74	
88.	**Real property.** *Copy line 56, Part 9.* ..... →		$50,898,342.32
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	UNDETERMINED	
90.	**All other assets.** *Copy line 78, Part 11.* +	UNDETERMINED	
91.	**Total.** Add lines 80 through 90 for each column. .....91a.	$5,979,132.33	+ 91b. $50,898,342.32

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ..... $56,877,474.65

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☑ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

			Column A **Amount of Claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**
2.1.	**Creditor's name and address** DUANE MORRIS ATTN: PAYMENT PROCESSING 30 SOUTH 17TH STREET PHILADELPHIA PA 19103-4196 **Creditor's email address, if known** _____ **Date debt was incurred:** various **Last 4 digits of account number:** **Do multiple creditors have an interest in the same property?** ☑ No ☐ Yes. Have you already specified the relative priority? ☐ No. Specify each creditor, including this creditor, and its relative priority. _____ _____ ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** LITIGATION RECOVERIES **Describe the lien** ATTORNEY'S LIEN LAW OF 1909, AS AMENDED, FOR LEGAL FEES **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☑ No ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☑ Contingent ☐ Unliquidated ☐ Disputed	$96,944.76	UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.2. **Creditor's name and address**

KANE COUNTY TREASURER
DAVID J. RICKERT
719 SOUTH BATAVIA AVENUE
GENEVA IL 60134
RICKERTDAVID@CO.KANE.IL.US

Date debt was incurred: Taxes accruing during 2017

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☐ No

☑ Yes. Have you already specified the relative priority?

☑ No. Specify each creditor, including this creditor, and its relative priority. KAIN COUNTY'S INTEREST IS SUPERIOR TO UMB BANK, N.A.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

REAL ESTATE AND IMPROVEMENTS

$484,207.00 UNDETERMINED

Describe the lien

STATUTORY GENERAL TAX LIEN

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3. **Creditor's name and address**

UMB BANK, N.A.
ATTN: VIRGINIA A. HOUSUM
SENIOR VICE PRESIDENT
120 SIXTH STREET SOUTH
SUITE 1400
MINNEAPOLIS MN 55403
VIRGINIA.HOUSUM@UMB.COM

Date debt was incurred: 8/1/2010

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☐ No

☑ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

_____

_____

☑ Yes. The relative priority of creditors is specified on lines: 2.2

Describe debtor's property that is subject to a lien

ALL ASSETS OTHER THAN TITLED VEHICLES AND FUNDS HELD IN ESCROW.

$100,000,000.00 $54,382,599.70

Describe the lien

LIEN ARISES UNDER MASTER TRUST INDENTURE

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **$100,581,151.76**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	ILLINOIS ATTORNEY GENERAL LISA MADIGAN 100 WEST RANDOLPH STREET CHICAGO IL 60601	Line 2.2	_____
3.2.	KANE COUNTY STATE'S ATTORNEY'S OFFICE 37W777 ROUTE 38 SUITE 300 ST. CHARLES IL 60175	Line 2.2	_____
3.3.	MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. ATTN: DANIEL S. BLECK, ESQ ONE FINANCIAL CENTER BOSTON MA 02111	Line 2.3	_____

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G) .Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☑ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1205
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $9,875.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No

☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.2. **Priority creditor's name and mailing address**

AULT, ROGER & ELEANOR
Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00
	Nonpriority amount
	$0.00

2.3. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1105
GENEVA IL 60134

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

PARKING GARAGE DEPOSIT OF $7,375.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.4. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

REFUND TO FORMER RESIDENT

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$61,029.76	$2,850.00
	Nonpriority amount
	$58,179.76

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.5. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1344
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $11,500.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.6. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1151
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $8,375.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.7. **Priority creditor's name and mailing address**

CASCIARO, JEAN
Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00

Nonpriority amount
$0.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.8. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1225
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $13,500.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.9. **Priority creditor's name and mailing address**

COLLINS, BELLE
Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00

Nonpriority amount
$0.00

2.10. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1349
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $9,875.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.11. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1254
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $11,375.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.12. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1233
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $12,500.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.13. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

REFUND TO FORMER RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$282,065.00	$2,850.00

Nonpriority amount
$279,215.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.14. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1144
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $14,000.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.15. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1325
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $7,625.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.16. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1149
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $13,875.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.17. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1212
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $7,625.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.18. **Priority creditor's name and mailing address**

FRIENDSHIP SENIOR OPTIONS
350 W. SCHAUMBURG ROAD
SCHAUMBURG IL 60194

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES, SALARIES, COMMISSIONS, TAXES, BENEFITS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$0.00 (NET OF DEPOSIT)	$0.00

Nonpriority amount
$0.00

2.19. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1305
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $12,250.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.20. **Priority creditor's name and mailing address**

HEERMAN, JOAN
Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00
	Nonpriority amount
	$0.00

2.21. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 242
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ACUTE NURSING CARE DEPOSIT OF $7,000.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.22. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1324
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $11,375.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.23. **Priority creditor's name and mailing address**

ILLINOIS DEPARTMENT OF REVENUE
BANKRUPTCY UNIT
PO BOX 19035
SPRINGFIELD IL 62794-9035

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

SALES TAX

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.24. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1154
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $12,250.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.25. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1154
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $12,125.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.26. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 233
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ACUTE NURSING CARE DEPOSIT OF $13,320.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.27. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1200
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $9,500.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.28. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 237
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ACUTE NURSING CARE DEPOSIT OF $11,700.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.29. **Priority creditor's name and mailing address**

MICHAEL, HELMUT & ROLANDE
Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00
	Nonpriority amount
	$0.00

2.30. **Priority creditor's name and mailing address**

MOTT, RICHARD & SIDNEY
Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00
	Nonpriority amount
	$0.00

2.31. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1007
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $11,500.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.32. **Priority creditor's name and mailing address**

PETERSON, LEE
Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,000.00	$1,000.00
	Nonpriority amount
	$0.00

2.33. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1027
GENEVA IL 60134

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

PARKING GARAGE DEPOSIT OF $10,125.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.34. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1231
GENEVA IL 60134

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

PARKING GARAGE DEPOSIT OF $14,000.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.35. **Priority creditor's name and mailing address**

Name Intentionally Omitted
507 BRADBURY
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

REFUND TO FORMER RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$301,055.00	$2,850.00

Nonpriority amount
$298,205.00

2.36. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1208
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $13,750.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.37. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1150
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $13,750.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.38. **Priority creditor's name and mailing address**

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1228
GENEVA IL 60134

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PARKING GARAGE DEPOSIT OF $8,625.00 NOT REFUNDABLE UNTIL RESIDENT EXITS COMMUNITY

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
UNDETERMINED	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.39. **Priority creditor's name and mailing address**

WELSCH, THOMAS
Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEPOSIT OF FUTURE RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,000.00	$1,000.00
	Nonpriority amount
	$0.00

2.40. **Priority creditor's name and mailing address**

Name Intentionally Omitted
623 INDEPENDENCE AVE
ELBURN IL 60119

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

REFUND TO FORMER RESIDENT

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$290,790.00	$2,850.00
	Nonpriority amount
	$287,940.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1. **Nonpriority creditor's name and mailing address**

AT&T
BILL PAYMENT CENTER
P.O. BOX 5080
CAROL STREAM IL 60197-5080

Date or dates debt was incurred

APRIL 1-18, 2017

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$380.00

3.2. **Nonpriority creditor's name and mailing address**

CENTERPOINT ENERGY
23968 NETWORK PLACE
CHICAGO IL 60673-1239

Date or dates debt was incurred

APRIL 1-18, 2017

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$823.00

3.3. **Nonpriority creditor's name and mailing address**

FRIENDSHIP SENIOR OPTIONS
350 W SCHAUMBURG RD
SCHAUMBURG IL 60194

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEFERRED MANAGEMENT FEES AND FUNDED LIQUIDITY SUPPORT OF $4.5M WHICH IS CONTRACTUALLY SUBORDINATED TO THE CLAIM OF UMB BANK (THE BOND TRUSTEE)

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$11,154,546.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

3.4. **Nonpriority creditor's name and mailing address**

GREYSTONE DEVELOPMENT COMPANY
225 E JOHN CARPENTER FREEWAY
SUITE 700
IRVING TX 75062

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

DEVELOPER FEES

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$306,825.31

3.5. **Nonpriority creditor's name and mailing address**

MEDIACOM LLC
PO BOX 5744
CAROL STREAM IL 60197-5741

Date or dates debt was incurred

APRIL 1-18, 2017

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,090.00

3.6. **Nonpriority creditor's name and mailing address**

MIDAMERICAN ENERGY COMPANY
P.O. BOX 8019
DAVENPORT IA 52808-8019

Date or dates debt was incurred

APRIL 1-18, 2017

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$31,667.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

3.7. **Nonpriority creditor's name and mailing address**

MILL CREEK WATER DIST
P.O. BOX 4290
CAROL STREAM IL 60197-4290

Date or dates debt was incurred

APRIL 1-18, 2017

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$4,433.00

3.8. **Nonpriority creditor's name and mailing address**

REBECCA BARNETT
AS EXECUTOR OF ESTATE
11035 AVENIDA DE LOS LOBOS
SAN DIEGO CA 92127

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

POTENTIAL LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.9. **Nonpriority creditor's name and mailing address**

REPUBLIC
P.O. BOX 9001154
LOUISVILLE KY 40290-1154

Date or dates debt was incurred

APRIL 1-18, 2017

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Basis for the claim:

ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,900.00

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

3.10. **Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
VERIZON WIRELESS P.O. BOX 25505 LEHIGH VALLEY PA 18002-5505	☐ Contingent ☑ Unliquidated ☐ Disputed	$823.00
Date or dates debt was incurred APRIL 1-18, 2017	**Basis for the claim:** ESTIMATED UTILITY PAYMENT FOR APRIL 1 - 18, 2017	
Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
CONNIE HODSON 43W950 KENMAR DRIVE ELBURN IL 60119	Part 1 line 2.13	_____

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

				Total of claim amounts
5a.	**Total claims from Part 1**	5a.		$942,939.76
5b.	**Total claims from Part 2**	5b.	+	$11,503,487.31
5c.	**Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.		$12,446,427.07

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	**List all contracts and unexpired leases**		**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.1.	**Title of contract**	GARAGE RENTAL AGREEMENT	Name Intentionally Omitted 0N801 FRIENDSHIP WAY UNIT 1205 GENEVA IL 60134
	State what the contract or lease is for	GARAGE AGREEMENT	
	Nature of debtor's interest	OBLIGOR	
	State the term remaining	UNTIL RESIDENT EXITS/LEAVES COMMUNITY	
	List the contract number of any government contract	_____	
2.2.	**Title of contract**	RESIDENCY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LIFE CARE TYPE A CONTRACT	
	Nature of debtor's interest	OBLIGOR	Name Intentionally Omitted 0N801 FRIENDSHIP WAY UNIT 1247 GENEVA IL 60134
	State the term remaining	LIFE TIME	
	List the contract number of any government contract	_____	
2.3.	**Title of contract**	RESIDENCY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LIFE CARE TYPE A CONTRACT	
	Nature of debtor's interest	OBLIGOR	Name Intentionally Omitted 0N801 FRIENDSHIP WAY UNIT 1154 GENEVA IL 60134
	State the term remaining	LIFE TIME	
	List the contract number of any government contract	_____	

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.4. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1310
GENEVA IL 60134

2.5. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1309
GENEVA IL 60134

2.6. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1247
GENEVA IL 60134

2.7. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for SERVICES

Nature of debtor's interest SERVICES

State the term remaining ONGOING

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

AT&T
BILL PAYMENT CENTER
CAROL STREAM IL 60197-5080

2.8. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

AULT, ROGER & ELEANOR
Address Intentionally Omitted

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.9. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1105
GENEVA IL 60134

2.10. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1105
GENEVA IL 60134

2.11. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1106
GENEVA IL 60134

2.12. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1123
GENEVA IL 60134

2.13. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1117
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.14. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1250
GENEVA IL 60134

2.15. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1139
GENEVA IL 60134

2.16. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1344
GENEVA IL 60134

2.17. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1344
GENEVA IL 60134

2.18. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2308
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.19. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1312
GENEVA IL 60134

2.20. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1151
GENEVA IL 60134

2.21. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1151
GENEVA IL 60134

2.22. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2315
GENEVA IL 60134

2.23. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1317
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.24. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2112
GENEVA IL 60134

2.25. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1246
GENEVA IL 60134

2.26. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1124
GENEVA IL 60134

2.27. **Title of contract** CARDIAC DIAGNOSTICS

State what the contract or lease is for TRANS-TELEPHONIC PACEMAKER CHECKS

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CARDIAC DIAGNOSTICS
3357 COMMERCIAL AVE
NORTHBROOK IL 60062

2.28. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1125
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.29. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1205
GENEVA IL 60134

2.30. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CASCIARO, JEAN
Address Intentionally Omitted

2.31. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1225
GENEVA IL 60134

2.32. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1225
GENEVA IL 60134

2.33. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2204
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.34. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2301
GENEVA IL 60134

2.35. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

COLLINS, BELLE
Address Intentionally Omitted

2.36. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1348
GENEVA IL 60134

2.37. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1349
GENEVA IL 60134

2.38. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1349
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.39. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1318
GENEVA IL 60134

2.40. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1120
GENEVA IL 60134

2.41. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1345
GENEVA IL 60134

2.42. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1337
GENEVA IL 60134

2.43. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1215
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.44. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1023
GENEVA IL 60134

2.45. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1219
GENEVA IL 60134

2.46. **Title of contract** DATA TECH

State what the contract or lease is for SERVICES

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

DATA-TECH
7904 HOPI PLACE
TAMPA FL 33634

2.47. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1236
GENEVA IL 60134

2.48. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1254
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.49. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1254
GENEVA IL 60134

2.50. **Title of contract** DELNOR HOSPITAL

State what the contract or lease is for DELNOR COMMUNITY HOSPITAL

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

DELNOR COMMUNITY HOSPITAL
300 RANDALL ROAD
GENEVA IL 60145

2.51. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2207
GENEVA IL 60134

2.52. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1109
GENEVA IL 60134

2.53. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1233
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.54. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1233
GENEVA IL 60134

2.55. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1104
GENEVA IL 60134

2.56. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1120
GENEVA IL 60134

2.57. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1102
GENEVA IL 60134

2.58. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1328
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.59. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1144
GENEVA IL 60134

2.60. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1144
GENEVA IL 60134

2.61. **Title of contract** ELGIN COMMUNITY COLLEGE

State what the contract or lease is for ELGIN COMMUNITY COLLEGE

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

ELGIN COMMUNITY COLLEGE
1700 SPARTAN DRIVE
ELGIN IL 60123

2.62. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1325
GENEVA IL 60134

2.63. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1325
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.64. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2319
GENEVA IL 60134

2.65. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2111
GENEVA IL 60134

2.66. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1115
GENEVA IL 60134

2.67. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1115
GENEVA IL 60134

2.68. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1149
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.69. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1149
GENEVA IL 60134

2.70. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1336
GENEVA IL 60134

2.71. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1248
GENEVA IL 60134

2.72. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1343
GENEVA IL 60134

2.73. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2310
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.74. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1212
GENEVA IL 60134

2.75. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1212
GENEVA IL 60134

2.76. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1011
GENEVA IL 60134

2.77. **Title of contract** ADMINISTRATIVE SERVICES AGREEMENT

State what the contract or lease is for ADMINISTRATIVE SERVICES

Nature of debtor's interest SERVICES

State the term remaining AUTOMATIC RENEWAL FOR SUCCESSIVE TWO YEAR PERIODS

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FRIENDSHIP SENIOR OPTIONS, NFP
350 W. SCHAUMBURG ROAD
SCHAUMBURG IL 60194

2.78. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2206
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.79. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2102
GENEVA IL 60134

2.80. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1009
GENEVA IL 60134

2.81. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1326
GENEVA IL 60134

2.82. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1304
GENEVA IL 60134

2.83. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1229
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.84. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2318
GENEVA IL 60134

2.85. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1318
GENEVA IL 60134

2.86. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1110
GENEVA IL 60134

2.87. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1305
GENEVA IL 60134

2.88. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1305
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.89. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

HEERMAN, JOAN
Address Intentionally Omitted

2.90. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1015
GENEVA IL 60134

2.91. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1112
GENEVA IL 60134

2.92. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2203
GENEVA IL 60134

2.93. **Title of contract** SKILL NURSING CONTRACT

State what the contract or lease is for NURSING ASSISTANCE

Nature of debtor's interest OBLIGOR

State the term remaining DAY TO DAY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 242
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.94. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1144
GENEVA IL 60134

2.95. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1324
GENEVA IL 60134

2.96. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1324
GENEVA IL 60134

2.97. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 128
GENEVA IL 60134

2.98. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1208
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.99. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1350
GENEVA IL 60134

2.100. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1308
GENEVA IL 60134

2.101. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1227
GENEVA IL 60134

2.102. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2212
GENEVA IL 60134

2.103. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1241
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.104. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1154
GENEVA IL 60134

2.105. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1123
GENEVA IL 60134

2.106. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 126
GENEVA IL 60134

2.107. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1351
GENEVA IL 60134

2.108. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1329
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.109. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2200
GENEVA IL 60134

2.110. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1210
GENEVA IL 60134

2.111. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1252
GENEVA IL 60134

2.112. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1003
GENEVA IL 60134

2.113. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1118
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.114. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1315
GENEVA IL 60134

2.115. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1315
GENEVA IL 60134

2.116. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1243
GENEVA IL 60134

2.117. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1101
GENEVA IL 60134

2.118. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1145
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.119. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1154
GENEVA IL 60134

2.120. **Title of contract** SKILL NURSING CONTRACT

State what the contract or lease is for NURSING ASSISTANCE

Nature of debtor's interest OBLIGOR

State the term remaining DAY TO DAY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 233
GENEVA IL 60134

2.121. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1334
GENEVA IL 60134

2.122. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1303
GENEVA IL 60134

2.123. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1025
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.124. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1141
GENEVA IL 60134

2.125. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2107
GENEVA IL 60134

2.126. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1346
GENEVA IL 60134

2.127. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1200
GENEVA IL 60134

2.128. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1013
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.129. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1113
GENEVA IL 60134

2.130. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1249
GENEVA IL 60134

2.131. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1211
GENEVA IL 60134

2.132. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1320
GENEVA IL 60134

2.133. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1107
GENEVA IL 60134

2.134. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1245
GENEVA IL 60134

2.135. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1122
GENEVA IL 60134

2.136. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1341
GENEVA IL 60134

2.137. **Title of contract** SKILL NURSING CONTRACT

State what the contract or lease is for NURSING ASSISTANCE

Nature of debtor's interest OBLIGOR

State the term remaining DAY TO DAY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 237
GENEVA IL 60134

2.138. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1354
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.139. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1126
GENEVA IL 60134

2.140. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1307
GENEVA IL 60134

2.141. **Title of contract** CHICAGO RECORDS MANAGEMENT

State what the contract or lease is for RECORDS MANAGEMENT

Nature of debtor's interest _____

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MICHAEL JURCZYKOWSKI
3925 CARNATION ST.
FRANKLIN PARK IL 60131

2.142. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MICHAEL, HELMUT & ROLANDE
Address Intentionally Omitted

2.143. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1119
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.144. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MOTT, RICHARD & SIDNEY
Address Intentionally Omitted

2.145. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1111
GENEVA IL 60134

2.146. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1021
GENEVA IL 60134

2.147. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1108
GENEVA IL 60134

2.148. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1232
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.149. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1306
GENEVA IL 60134

2.150. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1327
GENEVA IL 60134

2.151. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2105
GENEVA IL 60134

2.152. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1209
GENEVA IL 60134

2.153. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1007
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.154. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1007
GENEVA IL 60134

2.155. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1251
GENEVA IL 60134

2.156. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1150
GENEVA IL 60134

2.157. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PETERSON, LEE
Address Intentionally Omitted

2.158. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1027
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.159. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2202
GENEVA IL 60134

2.160. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1124
GENEVA IL 60134

2.161. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1017
GENEVA IL 60134

2.162. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1335
GENEVA IL 60134

2.163. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1231
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.164. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1231
GENEVA IL 60134

2.165. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1201
GENEVA IL 60134

2.166. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1121
GENEVA IL 60134

2.167. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1311
GENEVA IL 60134

2.168. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1322
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.169. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1127
GENEVA IL 60134

2.170. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1224
GENEVA IL 60134

2.171. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1215
GENEVA IL 60134

2.172. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1005
GENEVA IL 60134

2.173. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1204
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.174. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1207
GENEVA IL 60134

2.175. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1152
GENEVA IL 60134

2.176. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1302
GENEVA IL 60134

2.177. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1001
GENEVA IL 60134

2.178. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2302
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.179. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1333
GENEVA IL 60134

2.180. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1143
GENEVA IL 60134

2.181. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1223
GENEVA IL 60134

2.182. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1146
GENEVA IL 60134

2.183. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1202
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.184. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1352
GENEVA IL 60134

2.185. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1217
GENEVA IL 60134

2.186. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1246
GENEVA IL 60134

2.187. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1019
GENEVA IL 60134

2.188. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1147
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.189. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1208
GENEVA IL 60134

2.190. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1208
GENEVA IL 60134

2.191. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1150
GENEVA IL 60134

2.192. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1150
GENEVA IL 60134

2.193. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1228
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.194. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1228
GENEVA IL 60134

2.195. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1313
GENEVA IL 60134

2.196. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1148
GENEVA IL 60134

2.197. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1013
GENEVA IL 60134

2.198. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for SERVICES

Nature of debtor's interest SERVICES

State the term remaining ONGOING

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

VERIZON WIRELESS
P.O. BOX 25505
LEHIGH VALLEY PA 18002-5505

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.199. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1241
GENEVA IL 60134

2.200. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1244
GENEVA IL 60134

2.201. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1323
GENEVA IL 60134

2.202. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1319
GENEVA IL 60134

2.203. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1226
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.204. **Title of contract** GARAGE RENTAL AGREEMENT

State what the contract or lease is for GARAGE AGREEMENT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1126
GENEVA IL 60134

2.205. **Title of contract** RENTAL CONTRACT

State what the contract or lease is for ASSISTIED LIVING

Nature of debtor's interest OBLIGOR

State the term remaining MONTH TO MONTH

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2305
GENEVA IL 60134

2.206. **Title of contract** WAITING LIST AGREEMENT

State what the contract or lease is for WAITING LIST FOR RESIDENCY

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT MOVES INTO COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

WELSCH, THOMAS
Address Intentionally Omitted

2.207. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1300
GENEVA IL 60134

2.208. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1206
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.209. **Title of contract** ENTRANCE FEE CONTRACT

State what the contract or lease is for CARE CONTRACT FOR ASSISTED LIVING AND MEMORY SUPPORT

Nature of debtor's interest OBLIGOR

State the term remaining UNTIL RESIDENT EXITS/LEAVES COMMUNITY

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 2207
GENEVA IL 60134

2.210. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1332
GENEVA IL 60134

2.211. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1331
GENEVA IL 60134

2.212. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1005
GENEVA IL 60134

2.213. **Title of contract** RESIDENCY AGREEMENT

State what the contract or lease is for LIFE CARE TYPE A CONTRACT

Nature of debtor's interest OBLIGOR

State the term remaining LIFE TIME

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name Intentionally Omitted
0N801 FRIENDSHIP WAY
UNIT 1237
GENEVA IL 60134

Debtor **Friendship Village of Mill Creek, NFP** Case number *(if known)* **17-_____**

2.214.

Title of contract	RENTAL CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
State what the contract or lease is for	ASSISTIED LIVING	
Nature of debtor's interest	OBLIGOR	Name Intentionally Omitted 0N801 FRIENDSHIP WAY UNIT 2108 GENEVA IL 60134
State the term remaining	MONTH TO MONTH	
List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name: Friendship Village of Mill Creek, NFP

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known): 17-_____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☑ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G.* Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.1.	_____	_____	_____	☐ D ☐ E/F ☐ G