

Exhibit D

Natalie Rowland
Direct Dial: (404) 640-5960
nrowland@taylorenghish.com

August 17, 2023

VIA FEDEX

Pruco Life Insurance Company
c/o Linda Banks/C T Corporation System
289 S. Culver Street
Lawrenceville, Georgia 30046-4805

VIA FEDEX

Pruco Life Insurance Company
213 Washington Street
Newark, NJ 07102

RE: Contesting Life Insurance Beneficiary for Policy No. L7 000 224

Master Lending Group, LLC
Chapter 7 Case No. 23-40569-ejc
U.S. Bankruptcy Court for the Southern District of Georgia, Savannah Division (the "Court")

Master Lending Group, LLC ("Debtor") filed the above-referenced bankruptcy case on July 6, 2023. Tiffany Caron ("Ms. Caron") serves as the Chapter 7 Trustee (the "Trustee") for the bankruptcy estate, and this firm has been appointed to represent Ms. Caron in her capacity as Trustee. True and correct copies of Ms. Caron's appointment and the appointment of this firm are attached hereto, marked as Exhibits "A" and "B," respectively.

A dispute has arisen regarding a life insurance policy (the "Policy") issued on or about July 15, 2020, by your company, Pruco Life Insurance Company (hereinafter, "you" or the "Company"), to Gregory Hirsch (the "Policyholder"). A true and correct copy of the Policy is attached hereto, marked as Exhibit "C." This letter constitutes notice to you of the Trustee's legal position regarding the current beneficiary designation, which does not accurately reflect the intentions and directives of the Policyholder. Despite having recently been diagnosed with ALS, the Policyholder was still able to communicate in a limited capacity before his untimely passing earlier this month.

Although the Policyholder's widow, Judith Hirsch ("Mrs. Hirsch"), is named as the beneficiary of the Policy, per the Policyholder's wishes and direction, Mrs. Hirsch is not entitled to the beneficial proceeds of the Policy. Indeed, on August 15, 2023, Mrs. Hirsch testified under oath that it was the Policyholder's explicit directive to her that the Policy proceeds be issued to the

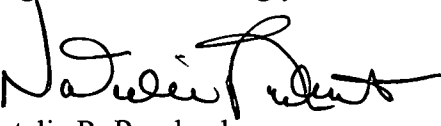
Debtor for the benefit of its investors. This is independently confirmed by actions Mrs. Hirsch has taken, including, but not limited to, scheduling the Policy, under penalty of perjury, as an asset of the bankruptcy estate of the Debtor and her statements to counsel for the Debtor. True and correct copies of the Debtor's Voluntary Petition, Statement of Financial Affairs, and Schedules of Assets and Liabilities (see page 10 of 50 at Item No. 73), together with a copy of e-mail correspondence from Debtor's counsel to the Trustee, are attached hereto, marked as Exhibits "D" and "E." The entirety of the proceeds, at the very least, are equitably owned by the Debtor.

Mrs. Hirsch held the Power of Attorney for the Policyholder due to his disability. She breached her fiduciary duty to the Policyholder when she failed to honor his instructions and directions by leaving herself as the designated beneficiary of the Policy and not changing the designated beneficiary of the Policy to the Debtor. It is essential to ensure that the life insurance Policy proceeds are awarded to the intended beneficiary in accordance with the Policyholder's wishes.

Pursuant to 11 U.S.C. § 541(a)(1), property of the bankruptcy estate is comprised of all legal or equitable interests of the debtor in property wherever located or held. Pursuant to 11 U.S.C. § 542(a), the Company is required to deliver to the Trustee, and account for, such property or the value of such property. To that end, we demand that you immediately turn over to the Trustee the beneficial proceeds of the Policy, whereupon the Trustee will hold these funds in her bonded fiduciary account until further order of the Court. Under no circumstances should the proceeds be disbursed to Mrs. Hirsch or anyone else, other than the Trustee, in accordance with federal bankruptcy laws.

Please respond in writing no later than the close of business on August 27, 2023, to confirm if you intend to comply with the above-stated demand. Should you require any additional information or documentation to support the Trustee's demand, please do not hesitate to contact me directly. My contact information is listed at the top of this correspondence.

Be governed accordingly.



Natalie R. Rowland

Enclosures

EXHIBIT A

Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 07/06/2023 at 12:05 PM and filed on 07/06/2023.

Master Lending Group, LLC

308 Megan Court
Savannah, GA 31405
Tax ID / EIN: 20-3427148



The case was filed by the debtor's attorney: The bankruptcy trustee is:

Judson C. Hill

Gastin & Hill
1020 Drayton Street
Ste. 201
Savannah, GA 31401
912-232-0203

Tiffany E. Caron

P.O. Box 711
West Palm Beach, FL 33402
404-647-4917

The case was assigned case number 23-40569-EJC to Judge Edward J. Coleman.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page www.gasb.uscourts.gov or at the Clerk's Office, 124 Barnard Street, 2nd Floor, P.O. Box 8347, Savannah, GA 31412.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

Dana M. Wilson
Clerk, U.S. Bankruptcy Court

PACER Service Center

Transaction Receipt

PACER Login:	Natalie999	Client Code:	
Description:	Notice of Filing	Search Criteria:	23-40569-EJC
Billable Pages:	1	Cost:	0.10

EXHIBIT B

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
SOUTHERN DISTRICT OF GEORGIA
SAVANNAH DIVISION**

In re:)	
)	
MASTER LENDING GROUP, LLC,)	Chapter 7
)	
<i>Debtor.</i>)	Number <u>23-40569-EJC</u>
)	
<hr style="width:50%; margin-left:0;"/>		

ORDER GRANTING APPLICATION TO EMPLOY SPECIAL COUNSEL

Before the Court is the Second Amended Application for Appointment of Special Counsel (dckt. 44) filed by Tiffany E. Caron, the Chapter 7 Trustee in this case. The Debtor, Master Lending Group, LLC, filed its Chapter 7 petition on July 6, 2023. (Dckt. 1). Its initial schedules reflected \$6,070,100.00 in assets, \$42,966.950.00 in liabilities, and 130 unsecured creditors. (Dckt. 1, pp. 12, 32-33). On July 10, 2023, the Chapter 7 Trustee filed an application to employ herself as counsel (dckt. 10, amended at dckt. 36), which the Court granted. (Dckt. 42). On July 13, 2023, the Trustee filed an application to employ the law firm of Taylor English Duma LLP as special counsel. (Dckt. 17, amended at dckt. 30 & 44). Specifically, the Trustee seeks to employ attorneys Neil C. Gordon, John K. Rezac, Jason L. Pettie, and Natalie Rowland, as well as paralegals Pamela E. Bicknell and Angela G. Ford (collectively, "Proposed Special Counsel"). (Dckt. 44, p. 2, ¶ 3). The

current hourly billing rates of the attorneys and paralegals are set forth in the application, though the Trustee notes that they are subject to change. (Dckt. 44, pp. 1-2, ¶ 3).

Objections to the application were filed by creditors Alan Lipsitz, Louise M. Howard, and Barbara Aronson. (Dckt. 49, 69, 80). The creditors allege that “the expense associated [with] engaging . . . proposed counsel will have a disproportionate impact on the assets expected to be recovered” and that such employment “is not in the best interests of the unsecured creditors[.]” (Dckt. 49, p. 2, ¶ 4). A hearing was scheduled for August 10, 2023. (Dckt. 51). At the hearing, the Court heard from the Chapter 7 Trustee, from Neil C. Gordon on behalf of Proposed Special Counsel, and from the creditors’ counsel. The Debtor’s counsel was also in attendance. After hearing argument from counsel, the Court verbally granted the Trustee’s application.

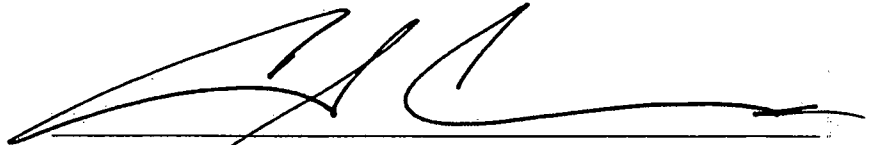
As the Court explained, § 327(a) of the Bankruptcy Code states that “[e]xcept as otherwise provided in this section, the trustee, with the court’s approval, may employ one or more attorneys . . . or other professional persons, that do not hold or represent an interest adverse to the estate, and that are disinterested persons, to represent or assist the trustee in carrying out the trustee’s duties under this title.” 11 U.S.C. § 327(a). A professional employed under § 327(a) may be awarded “(A) reasonable compensation for actual, necessary services rendered . . . and (B)

reimbursement for actual, necessary expenses.” 11 U.S.C. § 330(a)(1)(A)-(B). The reasonableness of requested fees is determined upon consideration of the factors set forth in § 330(a)(3), which codifies the factors enumerated in *Johnson v. Georgia Highway Express, Inc.*, 488 F.2d 714, 717-19 (5th Cir. 1974). *See In re Village Apothecary Inc.*, 45 F.4th 940, 944-45 (6th Cir. 2022). Further, under § 330(a)(4)(A), the court “shall not allow compensation for—(i) unnecessary duplication of services; or (ii) services that were not (I) reasonably likely to benefit the debtor’s estate; or (II) necessary to the administration of the case.” 11 U.S.C. § 330(a)(4)(A)(i)-(ii).

Here, based on the representations of counsel at the August 10, 2023 hearing, the Court finds that Proposed Special Counsel are disinterested as defined in § 101(14). Accordingly, the Court finds that the requirements of § 327(a) are satisfied. Because the Court has statutory authority to review for reasonableness any fees requested by Proposed Special Counsel, the Court overrules the creditors’ objections to the application. Therefore, the Court hereby **GRANTS** the Chapter 7 Trustee’s Second Amended Application for Appointment of Special Counsel. (Dckt. 44). It is hereby **ORDERED** that under § 327(a) and Rule 2014(a) of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”), the Trustee is authorized to employ Proposed Special Counsel during her period of service as Trustee in this case. It is further **ORDERED** that compensation shall be paid to Proposed Special

Counsel upon notice, hearing, and Court approval under §§ 330 and 331 and Bankruptcy Rule 2016(a) of an appropriately detailed application.

Dated at Savannah, Georgia, this 15th day of August, 2023.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end, positioned above a horizontal line.

Edward J. Coleman, III, Chief Judge
United States Bankruptcy Court
Southern District of Georgia

EXHIBIT C



Prudential

CONSENT FOR ELECTRONIC POLICY DELIVERY

The Prudential Insurance Company of America
 Pruco Life Insurance Company of New Jersey
 Pruco Life Insurance Company

All are Prudential Financial companies

POLICY NUMBER (IF KNOWN): L7000224

PROPOSED INSURED: GREGORY HIRSCH

TERMS AND CONDITIONS, ELECTRONIC SIGNATURE, AND ELECTRONIC DELIVERY CONSENT

THE FOLLOWING TERMS AND CONDITIONS GOVERN ELECTRONIC DOCUMENT DELIVERY FOR LIFE INSURANCE PRODUCTS WITH PRUDENTIAL.

Your consent is voluntary. In order to receive and submit life insurance documents electronically, you must first consent to electronic delivery and submission of documents. Read the following terms and conditions and if you wish to consent to electronic delivery and submission, complete the Electronic Policy Delivery Contact Information and Signatures sections below and return the form to your representative. If you do not wish to sign your documents online or receive documents electronically, do not complete or sign this form. Not all life insurance policies are eligible to be delivered electronically.

By completing the Electronic Policy Delivery Contact Information and Signatures sections, I confirm the following statements:

- I consent to applying an electronic signature to all forms signed during the life insurance policy process and to electronic delivery of all records, including any policy issued, along with all disclosures, confirmations, statements and other communications permitted by law to be sent electronically.
- I agree that this consent is effective on the date I affix my signature below.
- I understand that I have the right to withdraw such consent at any time by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that I can opt out of electronic delivery and usage of electronic transmissions and records at any time by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that the policy is not complete until all signatures (including those by me, the representative, and other authorized individuals, if required) are captured and the policy documents are submitted to Prudential.
- I confirm that the contact number provided for the delivery of an authentication code belongs to me.
- I consent to receiving an automated message (voice or text) containing an authentication code via the delivery method selected.
- I understand that I will receive an email with a link that will allow me to access electronically delivered documents. I further understand that I have 90 days to view and electronically sign the documents, unless the company voids the transaction, the insured and/or policyowner declines to sign the documents, or all parties sign the documents. Once voided, declined, or signed the electronically delivered documents will be accessible for 14 days. I have the option to print or save copies of the documents during this period.
- I have the option to receive one free paper copy of any electronically transmitted record, if requested, by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that the proposed insured and the policyowner (if different than the insured) will receive the above-mentioned email link at the email address(es) provided in the Electronic Policy Delivery Contact Information section.
- I understand that in the event my personal contact information changes or if I detect any errors in the information I've provided, I must immediately notify Prudential of the changes/error by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that at the time I attempt to access my documents electronically, I must have access to the authentication code delivery contact number and authentication code delivery method populated below.
- I understand that to access my documents electronically, I must have access to a computer that is capable of supporting internet access and a compatible browser application along with a personal email address. Compatible browsers include current versions of Chrome, Mozilla Firefox, Internet Explorer for Windows, Safari, and Windows Edge. I must also have software that allows me to view PDF files, such as Adobe Reader or a browser plug in.

By signing below, you agree to be legally bound as if you had signed the electronically delivered life insurance policy and other documents with a handwritten signature, and you acknowledge that you have reviewed and agree to the above terms and conditions.

Your electronic signature can only be affixed to a document using your confidential password. Your signature is never stored by Prudential for use on another document.

You may retain a copy of these Terms and Conditions for your records. If you have any questions, please contact your representative.

Prudential's contact information can be found at www.prudential.com/myaccess.

The email address(es) provided will receive a confirmation email from ili.inb.support.edelivery@prudential.com and/or your financial professional. The life insurance policy and other documents may be delivered electronically when the following requirements have been met:

1. Consent for Electronic Policy Delivery (ORD 115309) is fully completed, signed by the insured and policyowner (if different than the insured), and submitted to the Company.
2. The insured and policyowner (if different than the insured) receive and complete the validation email sent to the email address(es) provided to the Company.
3. The signing producer has a valid electronic delivery agreement in place with the Company.

ORD 115309

8/2018



PAGE 1 of 2

ELECTRONIC POLICY DELIVERY CONTACT INFORMATION

The email address(es) provided will only be used for electronic policy delivery. The authentication code delivery contact number and delivery method will only be used to deliver an authentication access code, which is required to access your electronic policy package. The email address(es) and contact information may differ from the information provided on the Application for Life Insurance.

A. Proposed Insured Electronic Policy Delivery Preferences

1. Email address: GREG@CPA-HT.COM
2. Authentication code delivery method: ☒ Text ☐ Voice Call
3. Authentication code delivery contact number: (912) 695-7912

B. Policyowner Electronic Policy Delivery Preferences (complete if policyowner is different than proposed insured)

1. Email address: _____
2. Authentication code delivery method: ☐ Text ☐ Voice Call
3. Authentication code delivery contact number: _____

Definitions: The term "Company" refers to the company named at the beginning of the Application for Life Insurance.

SIGNATURES

Signature of Insured X _____ (DATE) _____

Signature of Policyowner X _____ (DATE) _____

(if different than proposed insured)

Your policy, Our promise.

PROTECTING WHAT MATTERS

Congratulations on taking a critical step toward accomplishing your financial goals. Since 1875, we have had the privilege of helping people to achieve greater financial security and peace of mind. It is a tradition that we are proud of, and it's the foundation of what we do.

Thank you for placing your trust in Prudential. We appreciate your business and the opportunity to serve you.



Life Insurance is issued by The Prudential Insurance Company of America, and its affiliates located at 213 Washington Street, Newark, NJ 07102.

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Guide to Contents

APPLICABLE NOTICES

CONTRACT

NOTIFICATIONS

CLIENT DOCUMENTS

APPLICABLE NOTICES

The following information is provided to you by the Social Security Administration and the Health Care Financing Administration . . .

What You Should Know About "Accelerated Death Benefits" and Your Medicare, SSI, and Medicaid

WHAT ARE "ACCELERATED DEATH BENEFITS"?

A life insurance company, or other business, may offer to pay the owner of a life insurance policy money that would normally go only to the named beneficiary of the policy after the insured's death. These payments to the owner are sometimes referred to as "accelerated death benefits". The owner of the policy may be able to receive this type of payment if the person insured by the policy is terminally ill or permanently confined to a nursing home. Each company has its own rules concerning accelerated death benefits.

Accelerated death benefits may be paid out in one lump sum or in smaller monthly amounts. The company decides if the policyholder is eligible and, if so, how much money the policyholder can receive.

DO "ACCELERATED DEATH BENEFITS" AFFECT MEDICARE?

If you are eligible for Medicare, your Medicare Part A (Hospital) coverage will not be affected in any way if you are eligible for accelerated death benefits, regardless of whether you choose to receive the accelerated death benefits or not. If you receive accelerated death benefits and if those benefits make you ineligible for both SSI and Medicaid, you may not be eligible for State payment of the premiums for your Medicare Part B (Medical Insurance) coverage. This would mean you would have to pay the Part B premiums yourself.

HOW DO "ACCELERATED DEATH BENEFITS" AFFECT SSI AND MEDICAID?

When the Social Security office and the Medicaid office figure out how much Supplemental Security Income (SSI) you can get and if you are eligible for Medicaid, they look at your income and resources.

If you are eligible to receive an accelerated death benefit but choose not to receive it, your SSI or Medicaid will not be affected in any way. You will not have to file for accelerated death benefits in order to begin to receive, or continue to receive, SSI or Medicaid.

If you choose to receive an accelerated death benefit, Social Security will count it as part of your income when they figure out if they can pay SSI, and, if so, how much SSI they can pay. An accelerated death benefit may make your SSI check smaller, or it may mean that you cannot keep getting SSI checks. It may also mean that you cannot keep getting Medicaid or that you may have to pay part of the cost of your medical care.

If you get accelerated death benefit and some of it is still unspent the next month, the amount that is unspent is counted as a resource. If all of your countable resources add up to more than \$2,000 (\$3,000 for a couple), your SSI checks may be stopped. You may also lose Medicaid.

If your SSI checks are stopped because you get accelerated death benefits and your income goes down or your countable resources drop below the limit, your SSI checks could start again. You could also start getting Medicaid again.

HOW CAN YOU FIND OUT MORE ABOUT THE EFFECT OF "ACCELERATED DEATH BENEFITS" ON SSI AND MEDICAID?

To find out more, call the Social Security Administration. The people there can explain how accelerated death benefits could affect your SSI. They can also tell you how to contact your State Medicaid agency. The State agency can explain how these benefits could affect your Medicaid.

001 09 23 2020
L7000224

CONTRACT



Pruco Life Insurance Company
213 Washington Street, Newark, NJ 07102
A Prudential Company
www.prudential.com
800-778-2255

Insured GREGORY HIRSCH

L7 000 224 **Policy Number**
JUL 15, 2020 **Contract Date**

Agency X - KABX - E

Individual Term Life Policy. Provides a level benefit. Life insurance payable upon death within stated term period. Premiums payable during Insured's lifetime for stated premium period. After a period of level premiums, the premiums will increase annually as shown under the Schedule of Premiums on page 3. Premiums are subject to change on a class basis on and after the Level Premium End Date shown on page 3. Convertible as follows, but not renewable. If the issue age of this contract is 59 or younger you must ask for the conversion on or before the earlier of (a) the Level Premium End Date shown on page 3 and (b) the contract anniversary on or immediately following the Insured's 65th birthday. If the issue age of this contract is 60 or above, you must ask for the conversion on or before the fifth contract anniversary. Non-participating.

We will pay the beneficiary the death benefit described in this contract promptly if we receive due proof that the Insured died in the term period. We make this promise subject to all the provisions of this contract. The term period starts on the contract date.

If there is ever a question about this contract, just see a Pruco Life Insurance Company representative or contact one of our offices.

Right to Cancel Contract

You may return this contract to us on or before the tenth day after the delivery of the contract. (If the purchase of this contract is a replacement under state law, this duration will be extended to a minimum of 30 days or longer as required by law.) All you have to do is take the contract or mail it to one of our offices or to the representative who sold it to you. It will be canceled and we will return your premium.

Signed for Pruco Life Insurance Company,
an Arizona Corporation.

Lynn K. Stone

Secretary

[Signature]

President

PLEASE READ YOUR POLICY CAREFULLY; it is a legal contract between you and Pruco Life Insurance Company.

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A copy of the application and any riders or endorsements can be found at the end of the contract.

PI92UAIC

PROCESSING DATE: SEP 23, 2020

CONTRACT DATA

Insured

GREGORY HIRSCH Male, Issue Age 56

Rating Class

Preferred Best

Basic Contract Information

Policy Number	L7 000 224
Contract Date	July 15, 2020
Term Period	39 years
Premium Period	39 years
Level Premium	
End Date	July 15, 2030
Beneficiary	JUDITH HIRSCH, spouse

Insurance Department Contact Information

Georgia Department of Insurance
Telephone Number: 404-656-2056

Life Insurance on the Insured

Basic Amount	\$5,000,000.00
--------------	----------------

Other Benefit(s) on the Insured (see appropriate form for details)

Rider ORD 87241 - Settlement Options to Provide Acceleration of Death Benefits.

Schedule of Premiums

Contract Premiums are guaranteed until the Level Premium End Date. On and after the Level Premium End Date, Contract Premiums may be increased or decreased but will not exceed the Maximum Premiums shown for that year. (See Changes in Premium Rates.)

Total Initial Premium on Contract Date for the following modes:

Annual	Semi-annual	Quarterly	Monthly
\$7,935.00	\$4,046.85	\$2,063.10	\$694.32

CONTRACT DATA CONTINUED ON NEXT PAGE

PROCESSING DATE: SEP 23, 2020
POLICY NO. L7 000 224

CONTRACT DATA CONTINUED

Contract premiums are due on the contract date and every 1 months after that date. The monthly premium is \$694.32 and changes as shown below. We may charge less than the Guaranteed Maximum Premium.

Premium Change Date(s)	Monthly Contract Premiums	Guaranteed Maximum Monthly Premiums
JUL 15, 2030	\$3,100.57	\$21,799.32
JUL 15, 2031	\$5,476.19	\$21,799.32
JUL 15, 2032	\$7,847.44	\$21,799.32
JUL 15, 2033	\$10,223.07	\$21,799.32
JUL 15, 2034	\$12,598.69	\$21,799.32
JUL 15, 2035	\$14,974.32	\$21,799.32
JUL 15, 2036	\$17,349.94	\$30,619.32
JUL 15, 2037	\$19,852.44	\$34,552.44
JUL 15, 2038	\$22,709.32	\$38,949.32
JUL 15, 2039	\$25,911.82	\$43,770.57
JUL 15, 2040	\$29,481.82	\$49,038.07
JUL 15, 2041	\$33,471.82	\$54,813.07
JUL 15, 2042	\$38,008.69	\$61,257.44
JUL 15, 2043	\$43,263.07	\$68,624.94
JUL 15, 2044	\$49,335.57	\$77,230.57
JUL 15, 2045	\$56,248.07	\$87,104.94
JUL 15, 2046	\$64,184.32	\$98,344.32
JUL 15, 2047	\$73,446.19	\$111,346.82
JUL 15, 2048	\$84,252.44	\$126,366.19
JUL 15, 2049	\$96,856.82	\$143,669.32
JUL 15, 2050	\$111,460.57	\$163,501.19
JUL 15, 2051	\$128,208.07	\$185,931.82
JUL 15, 2052	\$146,884.94	\$210,554.32
JUL 15, 2053	\$167,119.32	\$236,769.32
JUL 15, 2054	\$188,701.19	\$263,553.07
JUL 15, 2055	\$211,083.69	\$289,921.19
JUL 15, 2056	\$233,636.82	\$315,584.94
JUL 15, 2057	\$255,748.07	\$339,839.94
JUL 15, 2058	\$276,419.94	\$361,461.19

Each contract premium for the basic amount includes a monthly policy fee of \$7.44.

END OF CONTRACT DATA

TESSSENT10-M56

PROCESSING DATE: SEP 23, 2020
POLICY NO. L7 000 224

(This page intentionally left blank.)

DEFINITIONS

We, our, us and Pruco Life. - Pruco Life Insurance Company.

You and Your. - The owner of the contract.

Insured. - The person named as the Insured on the first page. He or she need not be the owner.

Issue Date. - The contract date shown on the first page.

Anniversary or contract anniversary. - The same day and month as the contract date in each later year.

Contract Year. - A year that starts on the contract date or on an anniversary.

Company Representative. - Pruco Life licensed producers and brokers authorized to sell Pruco Life products.

THE CONTRACT

Entire Contract

This policy and any attached copy of a rider, endorsement, and application, including an application requesting a change, form the entire contract. We assume that all statements in an application are made to the best of the knowledge and belief of the person(s) who make them; in the absence of fraud, they are deemed to be representations and not warranties. We rely on those statements when we issue the contract and when we change it. We will not use any statement, unless made in an application, to try to void the contract, to contest a change, or to deny a claim.

Contract Modifications

Only a Pruco Life officer with the rank or title of vice president may agree to modify this contract, and then only in writing.

Incontestability

Except for non-payment of premium, we will not contest this contract after it has been in force during the Insured's lifetime for two years from the issue date. We will not contest this contract for statements made in an application for reinstatement after the policy has been in force and the insured has been alive for two years from the date of reinstatement.

OWNERSHIP

Unless a different owner is named in the application, the owner of the contract is the Insured. If a different owner is named, we will show that owner in an endorsement to the contract. This ownership arrangement will remain in effect unless you ask us to change it.

You may change the ownership of the contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request in a form that meets our needs, and the contract if we ask for it, we will file and record the change at our Home Office, and unless a different future effective date is specified by you, it will take effect on the date you signed the request. Any rights created by your request will not apply to any payments we have made or actions we have taken before the request was received and recorded at our Home Office. If you request an effective date after the date we have received and recorded your request, any rights created by your request will not apply to any payments we have made or actions we have taken prior to your chosen effective date. If the owner is a joint owner, all rights under this contract will be equally shared. If there is a contingent owner, all rights under this policy will remain with the primary owner during the primary owner's lifetime.

While the Insured is living, the owner alone is entitled to any contract benefit and value, and to the exercise of any right and privilege granted by the contract or by us.

DEATH BENEFITS

If the Insured dies in the term period, we will pay a benefit at the Insured's death (except as we state in the Suicide Exclusion) if this contract is in force at the time of death; that is, the initial premium has been paid and no premium is past due beyond the 31-day grace period we describe under Premium Payment.

The benefit payable at the Insured's death will be equal to the Life Insurance on the Insured as described on a contract data page, plus a return of any unearned premium paid by you less any past due premium.

This contract may provide other benefits on the death of the Insured or benefits on the death of other insureds. If it does, each benefit will be listed on a contract data page, and a form describing the benefit and the conditions under which it is payable will be included in this contract. Any such benefit will be payable only if the contract is in force, unless the form that describes the benefit states otherwise.

Unearned Premium

When we pay a death benefit on the Insured, we will return that part of any premium paid by you that covers the period after the date of death.

Interest on Death Benefit

Any death benefit described above that is requested as a single sum will be credited with interest from the date of death at a rate at least equal to the effective annual rate declared by us for funds left on deposit (See Settlement Options). We will use the rate that is in effect on the date of death.

Interest shall accrue on the death benefit at the rate described above plus additional interest at a rate of 10% annually beginning 31 calendar days from the latest of the following dates:

- (a) the date that we have received due proof of the death of the Insured,
- (b) the date we receive all the information we need to be able to determine the beneficiary(ies) and what we owe them, and
- (c) the date that any legal impediments to the payment of the death benefit have been resolved. Such legal impediments may include, but are not limited to, the establishment of legal guardians, appointment of trustees or executors, or the need for additional information required by state and federal reporting requirements.

We may credit additional interest in accordance with our current guidelines or applicable law at the time of claim. This provision does not apply to proceeds left with us or payments made under optional modes of settlement described in the Settlement Options provision.

Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within two years from the issue date, this contract will end without any death benefit paid, and we will return the premiums paid.

If the Insured, whether sane or insane, dies by suicide within two years from the effective date of this policy's reinstatement, this contract will end without any death benefit paid, and we will return the reinstatement charge and any premiums paid after the reinstatement date.

Method of Payment

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement shown in the Settlement Options provision.

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BENEFICIARY

You may designate or change a beneficiary by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request, and the contract if we ask for it, we will file and record the change at our Home Office and, unless a different future effective date is specified by you, it will take effect on the date you signed the request. Any rights created by your request will not apply to any payment(s) we have made or actions we have taken before your request was received and recorded. If you request an effective date after the date we have received and recorded your request, any rights created by your request will not apply to any payments we have made or actions we have taken prior to your chosen effective date. Any beneficiary's interest is subject to the rights of any assignee we know of.

When a beneficiary is designated, any relationship shown is to the Insured, unless otherwise stated. To show priority, we may use numbered classes, so that the class with first priority is called class 1, the class with next priority is called class 2, and so on. When we use numbered classes, these statements apply to beneficiaries unless the form states otherwise:

1. One who survives the Insured will have the right to be paid only if no one in a prior class survives the Insured.
2. One who has the right to be paid will be the only one paid if no one else in the same class survives the Insured.
3. Two or more in the same class who have the right to be paid will be paid in equal shares.
4. If none survives the Insured, we will pay in one sum to the Insured's estate.

Before we make a payment, we have the right to decide what proof we need of the identity, age or any other facts about any persons designated as beneficiaries. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

CONVERSION TO ANOTHER PLAN OF INSURANCE

Right to Convert

You may convert this contract to a new contract of life insurance on the Insured's life. You will not have to prove that the Insured is insurable. The Incontestability and Suicide Exclusion provisions of the new contract will be measured from the issue date of the original policy.

Conditions

You must ask for the conversion in a form that meets our needs, while this contract is in force, and on or before the following date:

If the issue age of this contract is 59 or younger you must ask for the conversion on or before the earlier of (a) the Level Premium End Date shown on page 3 and (b) the contract anniversary on or immediately following the Insured's 65th birthday.

If the issue age of this contract is 60 or above, you must ask for the conversion on or before the fifth contract anniversary.

We may require you to send us the contract.

The new contract will not take effect unless the premium for it is paid while the Insured is living and within 31 days after its contract date. If the premium is paid as we state, it will be deemed that the new contract took effect on its contract date and that this contract ended just before that date. We will return that part, if any, of the last premium paid for this contract that is more than was needed to pay premiums to the contract date of the new contract.

Contract Date

You may choose any contract date for the new contract that is (a) not after the date to which premiums are paid for this contract, (b) not after the 60th day following the date we receive your request, (c) not after the date described in the second and third paragraphs under Conditions, and (d) not more than 31 days prior to the date we receive your request.

Contract Specifications

The new contract will be in the same or equivalent rating class as this contract. We will set the issue age and the premiums for the new contract in accordance with our regular rules in use on its contract date.

Except as we state in the next sentence, the new contract may be any life policy we or The Prudential Insurance Company of America regularly issue on its contract date for the same or equivalent rating class, amount, issue age, and sex (if applicable). It may not be: one that insures anyone in addition to the Insured or one that includes or provides for term insurance. We require full underwriting for new contracts if a Type C death benefit option is requested.

The basic amount of the new contract may be any amount you ask for as long as it is at least \$25,000 and not more than the basic amount of this contract. We will always make available at least one policy for conversion with a minimum basic amount of \$25,000. If the basic amount of the new contract is less than \$100,000, the new contract will not be eligible for preferred rates.

If this contract has a benefit for waiving premiums in the event of disability, we will include a benefit for waiving premiums in the new contract if we would include a waiver benefit in other contracts like the new one.

We will not deny a benefit for waiving premiums that we would have allowed under this contract, and that we would otherwise allow under the new contract, just because disability started before the contract date of the new contract. But any premium to be waived for disability under the new contract must be at the frequency that was in effect for this contract when the disability started. We will not waive any premium under the new contract unless it has a benefit for waiving premiums in the event of disability, even if we have waived premiums under this contract.

If this contract has an accidental death benefit, we will include an accidental death benefit in the new contract if we would regularly issue contracts like the new contract with that benefit. But you must ask for the benefit in your request for conversion, and the basic amount of the new contract must be no larger than the basic amount of this contract. The amount of the accidental death benefit in the new contract will be the smaller of the basic amount of the new contract and the amount of the accidental death benefit in this contract.

Any benefit for waiving premiums and any accidental death benefit in the new contract will be the same one with the same provisions that we put in other contracts like it on the new contract date. In any of these paragraphs, when we refer to other contracts, we mean contracts we would regularly issue on the same plan as the new contract and for the same rating class, amount, issue age and sex (if applicable).

PREMIUM PAYMENT

Payment of Premiums

The schedule of premiums shows the amounts of the premiums and when they are due. These premiums are due only while the Insured is living and only during the premium period. The initial premium must be received by us on or before the contract date.

Change of Frequency

If you ask us and we agree, you may change the frequency of premium payments. The more often premiums are due, the larger the total amount that will have to be paid for a contract year.

Grace Period

We provide a 31-day grace period for paying each premium except the first one. If the premium has not been paid by its due date, the contract will stay in force during the grace period. If the premium has not been paid to us or postmarked by the end of the grace period, the contract will end and have no value.

Premium Amounts

The Schedule of Premiums in the contract data pages shows the premiums due starting on the contract date and the frequency of payments due. At the end of the level premium period, the contract premiums will increase starting on the Level Premium End Date that is shown in the contract data pages. The Schedule of Premiums shows the Premium Change Dates for each subsequent contract year and the Guaranteed Maximum Premiums based on the same frequency of payments shown in the contract data pages. Premiums are due only while the Insured is living and only during the premium period.

Changes in Premium Rates

The initial schedule of premium rates is shown on page 3A. Subject to the Guaranteed Maximum Premiums, we have the right to change premium rates due on and after the Level Premium End Date shown on page 3. But we will not exercise this right more than once each contract year. Any changes to the schedule of premium rates will consider one or more factors such as, but not limited to, mortality, persistency, expenses, taxes, and investment earnings and profit. Any changes will be based on our future expectations with respect to any one or more of the factors we use to determine such changes. Any changes in premium rates will be on a class basis as we determine. All changes will be determined only prospectively. Any premium change will be made on a contract anniversary, and you will be notified of it in advance of that anniversary. This provision does not apply to any rider attached to this policy.

REINSTATEMENT

You may reinstate this contract after the grace period of a past due premium if:

1. the term period has not ended; and
2. the premium payment is not past due more than five years.

We may require that you prove to us that the Insured is insurable for the contract.

If the policy is reinstated before the Level Premium End Date, you must pay all overdue premiums.

If the policy is reinstated on or after the Level Premium End Date, you must pay one month's premium to cover the grace period and a pro-rata premium for the period from the reinstatement date to the next premium due date.

We may also charge compound interest on any overdue premium at a rate of up to 6% per year. The date of reinstatement will be the date we approve your request.

GENERAL PROVISIONS

Conformity with Interstate Insurance Product Regulation Commission Standards

The provisions of this contract were approved and issued under the authority of the Interstate Insurance Product Regulation Commission. Any provision of the policy that on the provision's effective date is in conflict with the applicable Interstate Insurance Product Regulation Commission standards in effect as of the provision's effective date of Commission policy approval will hereby be amended to conform to the applicable Interstate Insurance Product Regulation Commission standards for this product type in effect as of the provision's effective date of Commission policy approval.

Currency

Any money we pay, or that is paid to us, must be in United States currency. Any amount we owe will be payable at our Corporate Office.

Misstatement of Age or Sex

If the Insured's stated age and/or sex (if applicable) are not correct, we will change each benefit and any amount to be paid to what the most recent premium would have bought at the Insured's correct age and/or sex (if applicable).

The Schedule of Premiums may show that premiums change or stop on a certain date. We may have used that date because the Insured would attain a certain age on that date. If we find that the issue age was wrong, we will correct that date.

Cancellation

If you ask us in a form that meets our needs and while no premium is past due, we will cancel this contract on the date we receive your request. On that date, the contract will end and have no value. We will return that part of the last premium paid by you that covers the period after the cancellation date.

Assignment

You may request an assignment of your contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. We will not be deemed to know of an assignment unless we receive it, or a copy of it, at our Home Office. If we receive your request in a form that meets our needs and the contract if we ask for it, we will file and record the assignment at our Home Office, and unless a different future effective date is otherwise specified by you, it will take effect on the date you signed the request. We are not obliged to see that an assignment is valid or sufficient. Any rights created by your request will not apply to any payments we have made or actions we have taken before the assignment was received and recorded at our Home Office. If you request an effective date after the date we have received and recorded your request, any rights created by your request will not apply to any payments we have made or actions we have taken prior to your chosen effective date. This contract may not be assigned if such assignment would violate any federal, state, or local law or regulation prohibiting sex distinct rates for insurance (if applicable).

Non-participating

This contract will not share in our profits or surplus earnings. We will pay no dividends on it.

SETTLEMENT OPTIONS

Options Described

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement described below.

If the person who is to receive the proceeds of this contract wishes to take advantage of one of these optional modes, we will furnish, on request, details of the options we describe below or any others we may have available at the time the proceeds become payable.

Any annuity benefits, at the time they commence, will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants, whether the annuity benefits are payable in fixed or variable amounts or both, if the Company offers a single consideration annuity contract at the time to the same class of annuitants.

Option 1 (Installments for a Fixed Period)

We will make equal payments for up to 25 years. The Option 1 Table shows the minimum amounts we will pay.

EXHIBIT D

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF GEORGIA

Case number (if known)

Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Master Lending Group, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 20-3427148

4. Debtor's address Principal place of business

440 Mall Blvd.Suite ASavannah, GA 31406

Number, Street, City, State & ZIP Code

Chatham

County

Mailing address, if different from principal place of business

308 Megan CourtSavannah, GA 31405

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Case:23-40569-EJC Doc#:1 Filed:07/06/23 Entered:07/06/23 12:05:17 Page:2 of 50
Debtor **Master Lending Group, LLC** Case number (if known) _____
Name _____

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☒ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☒ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Case:23-40569-EJC Doc#:1 Filed:07/06/23 Entered:07/06/23 12:05:17 Page:3 of 50
Debtor **Master Lending Group, LLC** Case number (if known) _____
Name _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- ☐ 1-49
☐ 50-99
☒ 100-199
☐ 200-999

- ☐ 1,000-5,000
☐ 5001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

15. Estimated Assets

- ☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million
☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor Case:23-40569-EJC Doc#:1 Filed:07/06/23 Entered:07/06/23 12:05:17 Page:4 of 50
Name **Master Lending Group, LLC** Case number (if known)

☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor Case:23-40569-EJC Doc#:1 Filed:07/06/23 Entered:07/06/23 12:05:17 Page:5 of 50
Master Lending Group, LLC Case number (if known)
 Name

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement 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.

**17. Declaration and signature
 of authorized
 representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on July 6, 2023

MM / DD / YYYY

X /s/ Gregory M. Hirsch (Via POA held by Judith Hirsch)

Signature of authorized representative of debtor

Gregory M. Hirsch (Via POA held by Judith Hirsch)

Printed name

Title Owner

18. Signature of attorney

X /s/ Judson C. Hill

Signature of attorney for debtor

Date July 6, 2023

MM / DD / YYYY

Judson C. Hill 354277

Printed name

GASTIN & HILL

Firm name

1020 DRAYTON STREET

SUITE 201

Savannah, GA 31401

Number, Street, City, State & ZIP Code

Contact phone (912) 232-0203

Email address bankruptcy@gastinhill.com

354277 GA

Bar number and State

Fill in this information to identify the case:Debtor name Master Lending Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

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 July 6, 2023**X /s/ Gregory M. Hirsch (Via POA held by Judith Hirsch)**

Signature of individual signing on behalf of debtor

Gregory M. Hirsch (Via POA held by Judith Hirsch)

Printed name

Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Master Lending Group, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF GEORGIA**

Case number (if known) _____

☐ 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*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **6,070,100.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **6,070,100.00****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*..... \$ **0.00****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*..... \$ **0.00****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*..... +\$ **42,966,950.00****4. Total liabilities**

Lines 2 + 3a + 3b

\$ **42,966,950.00**

Fill in this information to identify the case:

Debtor name Master Lending Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) _____

☐ 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

\$975,000.00

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
number3.1. Truist BankChecking6810\$95,100.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

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

\$1,070,100.00

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.**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

☒ No. Go to Part 4.☐ Yes Fill in the information below.**Part 4: Investments**

13. Does the debtor own any investments?

Debtor **Master Lending Group, LLC**
Name

Case number (If known)

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

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.

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.

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.

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.

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.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

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

55.1.

2701 Bull Street,
 Savannah GA 31401

Deed to Secure
 Debt &
 \$300,000 note
 executed by
 2701 Bull
 Street, LLC in
 June 2018

Unknown

Unknown

Debtor Master Lending Group, LLC Case number (If known) _____
 Name

55.2. Deed to Secure Debt & \$339,574 note executed by 10 West Victory Drive, Savannah GA 31405 West Victory LLC in June 2018 Unknown Unknown

55.3. Deed to Secure Debt and Note - Balance Unknown 423 East River Street, Savannah GA 31401 \$0.00 Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.0057. **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.

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)

72. **Tax refunds and unused net operating losses (NOLs)**
 Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Unvested, Equitable Interest in Prudential Life Insurance Policy (Judith Hirsch, Beneficiary) **\$5,000,000.00**

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

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

Debtor Master Lending Group, LLC
Name

Case number (If known) _____

Breach of promissory note claims against Rison Advisory Group, LP; HCI Missouri Holdings Company, Inc; Idaho Home Care Holdings, Inc.; RTJ Real Estate Development, LTD; RDR Real Estate, LLC; Robin Deanne Riddle Children's Trust March 2009; Robin D. Riddle; William Riddle, Jr.

Balance @ \$16,000,000 as of June 2013 / present balance unknown.

Unknown

Nature of claim Unpaid debt arising from Revolving Loan Agreement executed June, 2011

Amount requested \$0.00

Breach of promissory note claims against Synergy Homes of Georgia, LLC; Synergy Homes of South Carolina, LLC & Affiliates; J. Read Brennan

Unknown

Nature of claim

Amount requested \$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

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

\$5,000,000.00

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

☒ No

☐ Yes

Debtor **Master Lending Group, LLC**
Name

Case number (If known)

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	\$1,070,100.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
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.	\$0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$5,000,000.00	
91. Total. Add lines 80 through 90 for each column	\$6,070,100.00 + 91b.	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,070,100.00

Fill in this information to identify the case:

Debtor name Master Lending Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) _____

☐ 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.

Fill in this information to identify the case:

Debtor name Master Lending Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) _____

☐ 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.**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.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Abe Klugman IRA
c/o Workmen's Circle CU
527 Stephenson Ave., Ste. 2
Savannah, GA 31405-4000

Date(s) 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: _____

Is the claim subject to offset? ☒ No ☐ YesUnknown

3.2 Nonpriority creditor's name and mailing address

Adam Jacobowitz
16891-D Isle of Palms Drive
Delray Beach, FL 33484

Date(s) 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: _____

Is the claim subject to offset? ☒ No ☐ Yes\$505,000.00

3.3 Nonpriority creditor's name and mailing address

Alan Lipsitz
401 Wheeler Street
Savannah, GA 31405

Date(s) 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: _____

Is the claim subject to offset? ☒ No ☐ Yes\$120,000.00

3.4 Nonpriority creditor's name and mailing address

Albert Jacobowitz Irrevocable Trust
c/o Michelle Jacobowitz, Trustee
16891-D Isle of Palms Drive
Delray Beach, FL 33484

Date(s) 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: _____

Is the claim subject to offset? ☒ No ☐ Yes\$1,114,400.00

Debtor **Master Lending Group, LLC**

Case number (if known) _____

Name

3.5	Nonpriority creditor's name and mailing address Alter Yeshaya Slatus 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.6	Nonpriority creditor's name and mailing address Arlene G. Jaffie 6 Roundtree Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Arlene Yellin IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address Aronson Family Residence Trust 1 Diamond Causeway, Ste 21-308 Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240,000.00
3.9	Nonpriority creditor's name and mailing address Avigail Slatus 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,000.00
3.10	Nonpriority creditor's name and mailing address Baila Simcha 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.11	Nonpriority creditor's name and mailing address Baldomero R. Luis P.O. Box 402202 Miami Beach, FL 33140 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,000.00

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Name

3.12	Nonpriority creditor's name and mailing address Barbara Aronson One Diamond Causeway, Ste 21-3008 Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$290,000.00
3.13	Nonpriority creditor's name and mailing address Barbara Aronson IRA One Diamond Causeway, Ste 21-3008 Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000,000.00
3.14	Nonpriority creditor's name and mailing address Barbara Kooden 6401 Habersham Street Unit 1B Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$765,000.00
3.15	Nonpriority creditor's name and mailing address Barbara Kooden IRA c/o Workmens' Circle CU 527 Stephenson Ave., Ste 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	Nonpriority creditor's name and mailing address Beryl & Susan F. Lovitz Trust c/o Bob Lovitz 2020 SW Abercrombie Place Portland, OR 97225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	Nonpriority creditor's name and mailing address Brett Bouy 31 Bartow Point Drive Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00
3.18	Nonpriority creditor's name and mailing address Broughton Kelly, Sr. 401 Jackson Woods Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Master Lending Group, LLC**

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Name

3.19	Nonpriority creditor's name and mailing address Catherine Royal 1367 La Vista Circle Pooler, GA 31322 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,000.00
3.20	Nonpriority creditor's name and mailing address Chaim Rabhan IRA 303 Johnson Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.21	Nonpriority creditor's name and mailing address Chana Rabhan 308 McLaws Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,300.00
3.22	Nonpriority creditor's name and mailing address Charles Grossman 5450 Abercorn Street Apt. 414 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
3.23	Nonpriority creditor's name and mailing address Colonial Shoe Co. Profit Sharing Plan 4701 Riverview Road Atlanta, GA 30327 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
3.24	Nonpriority creditor's name and mailing address Dale Kaminsky 103 Lee Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325,000.00
3.25	Nonpriority creditor's name and mailing address Daniel Kahn 674 S. Franklin St, Apt A Denver, CO 80209 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00

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Name

3.26	Nonpriority creditor's name and mailing address Daniel Klugman 401 Lee Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$495,000.00</u>
3.27	Nonpriority creditor's name and mailing address Danny Kaminsky 402 Megan Court Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140,000.00</u>
3.28	Nonpriority creditor's name and mailing address David Kahn 227 Waterfowl Road Bluffton, SC 29910 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$375,000.00</u>
3.29	Nonpriority creditor's name and mailing address David Rabhan 303 Johnson Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,200.00</u>
3.30	Nonpriority creditor's name and mailing address DGK Real Estate 5 Sir Lancelot Court Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.31	Nonpriority creditor's name and mailing address Dorain Baruch 100 Stuart Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$550,000.00</u>
3.32	Nonpriority creditor's name and mailing address Doris Klugman P.O. Box 1596 Tybee Island, GA 31328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

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Name

3.33	Nonpriority creditor's name and mailing address Doris Klugman IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.34	Nonpriority creditor's name and mailing address Dr. Fred E. Rabhan & Ester Rabhan 314 Johnston Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805,000.00
3.35	Nonpriority creditor's name and mailing address Dr. Kalman Baruch 100 Stuart Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700,000.00
3.36	Nonpriority creditor's name and mailing address Dr. Morris Geffen 5 Breckenridge Lane Savannah, GA 31411 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325,000.00
3.37	Nonpriority creditor's name and mailing address Elizabeth M. Jones 224 Oatland Island Road Savannah, GA 31410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.38	Nonpriority creditor's name and mailing address Elizabeth Skeadas IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	Nonpriority creditor's name and mailing address Ephraim Rabhan 308 McLaws Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,000.00

Debtor **Master Lending Group, LLC**

Case number (if known) _____

Name

3.40	Nonpriority creditor's name and mailing address Ephraim Rabhan IRA 308 McLaws Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.41	Nonpriority creditor's name and mailing address Estate of Dr. Leon Aronson One Diamond Causeway, Ste. 21-308 Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.42	Nonpriority creditor's name and mailing address Estate of Norman Dolgoff c/o Marcey Dolgoff Alter 740 Park Manor Drive SE Smyrna, GA 30082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$763,000.00
3.43	Nonpriority creditor's name and mailing address Ester Rabhan IRA 314 Johnston Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,000.00
3.44	Nonpriority creditor's name and mailing address Eva Locker IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206,000.00
3.45	Nonpriority creditor's name and mailing address Eve Rabhan 303 Johnson Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$372,000.00
3.46	Nonpriority creditor's name and mailing address Francis Bouy IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,600.00

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3.47	Nonpriority creditor's name and mailing address Frederick M. Halperin IRA c/o Jeffrey N. Berman, Esq. 3475 Piedmont Road NE, Suite 1460 Atlanta, GA 30305 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,185,000.00
3.48	Nonpriority creditor's name and mailing address George Feehley IRA 306 Jackson Woods Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$27,000.00
3.49	Nonpriority creditor's name and mailing address H.E.Y. Family Trust c/o Dr. Fred E. Rabhan 303 McLaws Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$101,000.00
3.50	Nonpriority creditor's name and mailing address Harriet Simowitz 6501 Habersham Street Apartment 9 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$360,000.00
3.51	Nonpriority creditor's name and mailing address Harry Howard & Louise Howard 1 Savannah Square Drive #207 Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,000,000.00
3.52	Nonpriority creditor's name and mailing address Harry Yellin IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 GA 31450 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.53	Nonpriority creditor's name and mailing address I.L. Aronson P.C. Employee Pension Plan 1 Diamond Causeway, Ste 21-308 Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

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3.54	Nonpriority creditor's name and mailing address I.L. Aronson Pension Plan One Diamond Causeway, Suite 21-3008 Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.55	Nonpriority creditor's name and mailing address Isaac Rabhan 220 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.56	Nonpriority creditor's name and mailing address Jack Wardlaw 2702 Whatley Avenue Unit B-1 Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.57	Nonpriority creditor's name and mailing address James C. Wilson IRA c/o Workmen's Circle CU 527 Stephenson Ave, Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275,000.00
3.58	Nonpriority creditor's name and mailing address James C. Wilson, Jr. 7370 Hodgson Mem Blvd. Suite D-12 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000,000.00
3.59	Nonpriority creditor's name and mailing address James E. Jones 224 Oatland Island Road Savannah, GA 31410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000,000.00
3.60	Nonpriority creditor's name and mailing address Jan Feehley 306 Jackson Woods Blvd Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.61	Nonpriority creditor's name and mailing address Jan Feehley IRA 306 Jackson Woods Blvd Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,300.00
3.62	Nonpriority creditor's name and mailing address Jan Feehley Roth IRA 306 Jackson Woods Blvd Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.63	Nonpriority creditor's name and mailing address JEJ, Inc. 4607 Habersham Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.64	Nonpriority creditor's name and mailing address Jeremy Slatos 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.65	Nonpriority creditor's name and mailing address Jerry Wardlaw 2702 Whately Avenue Unit B-1 Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.66	Nonpriority creditor's name and mailing address JGJ, Inc. 4607 Habersham Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
3.67	Nonpriority creditor's name and mailing address John P. Skeadas 10 Liberty Creek Drive Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280,000.00

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3.68	Nonpriority creditor's name and mailing address Johnny G. Feehley IRA c/o Workmen's Circle CU 527 Stephenson Ave, Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,000.00</u>
3.69	Nonpriority creditor's name and mailing address Jones on 17th, LLC 4607 Habersham Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$200,000.00</u>
3.70	Nonpriority creditor's name and mailing address Joseph Slatos 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>
3.71	Nonpriority creditor's name and mailing address Julie Mazo 309 Wickersham Drive Savannah, GA 31411 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$235,000.00</u>
3.72	Nonpriority creditor's name and mailing address Katherine Royal 124 High Cotton Drive Statesboro, GA 30461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150,000.00</u>
3.73	Nonpriority creditor's name and mailing address Klugman Investments LLC 401 Lee Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$575,000.00</u>
3.74	Nonpriority creditor's name and mailing address Lisa Kaminsky 402 Megan Court Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$300,000.00</u>

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3.75	Nonpriority creditor's name and mailing address Louis Young IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225,000.00
3.76	Nonpriority creditor's name and mailing address Louis Young, Jr. 7370 Hodgson Mem Blvd. Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
3.77	Nonpriority creditor's name and mailing address Louise Howard 11 Savannah Square Drive Unit 21 Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500,000.00
3.78	Nonpriority creditor's name and mailing address Marcia Hirsch 2913 Ryton Court Raleigh, NC 27613 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00
3.79	Nonpriority creditor's name and mailing address Marjorie C. Gordon c/o Mrs. Susan Klugman P.O. Boxn 1229 Tybee Island, GA 31328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,000.00
3.80	Nonpriority creditor's name and mailing address Mark T. Bouy 31 Bartow Point Drive Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00
3.81	Nonpriority creditor's name and mailing address Marlene Dobbs IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.82	Nonpriority creditor's name and mailing address Marshall Jacobowitz 4902 Sarazen Drive Hollywood, FL 33021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450,000.00
3.83	Nonpriority creditor's name and mailing address Mary Amanda Young 83 Brown Pelican Drive Savannah, GA 31419 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125,000.00
3.84	Nonpriority creditor's name and mailing address Matel Simcha 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.85	Nonpriority creditor's name and mailing address Mattel Rabhan 303 Johnson Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,200.00
3.86	Nonpriority creditor's name and mailing address Matti Slatus 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.87	Nonpriority creditor's name and mailing address Michael Dobbs IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
3.88	Nonpriority creditor's name and mailing address Michael Kooden P.O. Box 2388 Tybee Island, GA 31328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00

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3.89	Nonpriority creditor's name and mailing address Michelle Jacobowitz 16891-D Isle of Palms Drive Delray Beach, FL 33484 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,198,000.00
3.90	Nonpriority creditor's name and mailing address Miriam Kreisel 218 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.91	Nonpriority creditor's name and mailing address Mordecai Simcha 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.92	Nonpriority creditor's name and mailing address Moshe Rabhan 308 McLaws Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,200.00
3.93	Nonpriority creditor's name and mailing address Moshe Simcha 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.94	Nonpriority creditor's name and mailing address Murray Klugman P.O. Box 1596 Tybee Island, GA 31328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00
3.95	Nonpriority creditor's name and mailing address Neal Markowitz 16 Bartow Point Drive Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00

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3.96	Nonpriority creditor's name and mailing address Nicole Chu 7640 Abercorn Street Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.97	Nonpriority creditor's name and mailing address Norman Dolgoff c/o Marcey Dolgoff Alter 339 Oxford Drive Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600,000.00
3.98	Nonpriority creditor's name and mailing address Philip Rosenbaum Trust c/o Marshall Jacobowitz, Trustee 4902 Sarazen Dr. Hollywood, FL 33021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518,000.00
3.99	Nonpriority creditor's name and mailing address Rabbi Avigdor Status 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000,000.00
3.100	Nonpriority creditor's name and mailing address Randolph Chu 7640 Abercorn Street Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.101	Nonpriority creditor's name and mailing address Randy Chu 7640 Abercorn Street Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500,000.00
3.102	Nonpriority creditor's name and mailing address Randy Chu SEP IRA 7640 Abercorn Street Savannah, GA 31406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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Case number (if known) _____

Name

3.103	Nonpriority creditor's name and mailing address RBB Jacob R.D.F. 223 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,000.00
3.104	Nonpriority creditor's name and mailing address Redfish, LLC 306 Jackson Woods Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.105	Nonpriority creditor's name and mailing address Renie Halperin 4701 Riverview Road NW Atlanta, GA 30327 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.106	Nonpriority creditor's name and mailing address Restaurant Equipment Company of Savannah Profit Sharing Plan and Pension Plan 2601 Whitaker Street Savannah, GA 31401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.107	Nonpriority creditor's name and mailing address Rita Slatus 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.108	Nonpriority creditor's name and mailing address River Street Liquor, LLC 425 E. River Street Savannah, GA 31401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.109	Nonpriority creditor's name and mailing address Robert M. Segall 405 Jackson Woods Blvd. Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,601,000.00

Debtor **Master Lending Group, LLC**

Case number (if known) _____

Name

3.110 Nonpriority creditor's name and mailing address

Rochelle Javetz
1 South Grant Street
Savannah, GA 31419

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$650,000.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.111 Nonpriority creditor's name and mailing address

Sabrina Rabhan
308 McLaws Street
Savannah, GA 31405

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$245,000.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.112 Nonpriority creditor's name and mailing address

Sarah Simcha
233 Groveland Circle
Savannah, GA 31405

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$10,000.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.113 Nonpriority creditor's name and mailing address

Shaya Simcha
233 Groveland Circle
Savannah, GA 31405

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$10,000.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.114 Nonpriority creditor's name and mailing address

Shlomo Status
233 Groveland Circle
Savannah, GA 31405

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$200,000.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.115 Nonpriority creditor's name and mailing address

Shoshana Rabhan
303 Johnson Street
Savannah, GA 31405

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$24,500.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.116 Nonpriority creditor's name and mailing address

Susan S. Young IRA
c/o Workmen's Circle CU
527 Stephenson Ave., Ste. 2
Savannah, GA 31406

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

Debtor Master Lending Group, LLC		Case number (if known) _____
Name _____		
3.117	Nonpriority creditor's name and mailing address Teresa Wardlaw 2702 Whatley Avenue Unit B-1 Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$250,000.00
3.118	Nonpriority creditor's name and mailing address Terry Jones 131 Falligant Avenue Savannah, GA 31410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$900,000.00
3.119	Nonpriority creditor's name and mailing address Troy & Frances Bouy 31 Bartow Point Drive Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$502,250.00
3.120	Nonpriority creditor's name and mailing address Troy Bouy IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$11,300.00
3.121	Nonpriority creditor's name and mailing address Tzvi Rabhan 303 Johnson Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$10,200.00
3.122	Nonpriority creditor's name and mailing address Tzvi Slatius 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$400,000.00
3.123	Nonpriority creditor's name and mailing address Vanessa Jones 4607 Habersham Street Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,000,000.00

Debtor **Master Lending Group, LLC**

Case number (if known) _____

Name

3.124	Nonpriority creditor's name and mailing address Victor Belegorska Roth IRA c/o Workmen's Circle CU 527 Stephenson Ave., Ste. 2 GA 31400-5000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.125	Nonpriority creditor's name and mailing address Victor Belogorska, Jr. P.O. Box 462 Eden, GA 31307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875,000.00
3.126	Nonpriority creditor's name and mailing address William Hall, Jr. 27 Bartow Point Drive Savannah, GA 31404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850,000.00
3.127	Nonpriority creditor's name and mailing address Yaakov Rabhan 136 Stratford Place Lakewood, NJ 08701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.128	Nonpriority creditor's name and mailing address Yaakov Slatus 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175,000.00
3.129	Nonpriority creditor's name and mailing address Yedidah Rabhan 220 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.130	Nonpriority creditor's name and mailing address Yehudis Simcha 233 Groveland Circle Savannah, GA 31405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00

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.

Debtor **Master Lending Group, LLC**
Name

Case number (if known)

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
4.1 Jay Javetz 308 Jackson Woods Blvd. Savannah, GA 31406	Line <u>3.110</u> <input type="checkbox"/> Not listed. Explain _____	-
4.2 Jeffrey Berman, Attorney 3475 Piedmont Road NE Suite 1640 Atlanta, GA 30305	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	-
4.3 JGJ Inc. 403 N Duval St Claxton, GA 30417	Line <u>3.66</u> <input type="checkbox"/> Not listed. Explain _____	-
4.4 John Carson, Attorney 1901 Abercorn Street Savannah, GA 31401	Line <u>3.58</u> <input type="checkbox"/> Not listed. Explain _____	-
4.5 Rabbi Avigdor Slatius 5444 Abercorn Street Savannah, GA 31405	Line <u>3.99</u> <input type="checkbox"/> Not listed. Explain _____	-
4.6 Scott W. Peters 1100 Peachtree Street, NE Suite 800 Atlanta, GA 30309	Line <u>3.109</u> <input type="checkbox"/> Not listed. Explain _____	-

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 42,966,950.00
5c.	\$ 42,966,950.00

Fill in this information to identify the case:

Debtor name Master Lending Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) _____

☐ 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, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☒ No. Check this box and file this form 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 contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

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** State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Master Lending Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your 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. Do you 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	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Master Lending Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that applyGross revenue
(before deductions and exclusions)From the beginning of the fiscal year to filing date:
From 1/01/2023 to Filing Date☐ Operating a business
☒ Other Liquidated Life Insurance Policies\$1,875,635.00For prior year:
From 1/01/2022 to 12/31/2022☒ Operating a business
☒ Other Liquidated Life Insurance Policies\$4,000,000.00For year before that:
From 1/01/2021 to 12/31/2021☒ Operating a business
☐ Other _____\$4,790,676.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

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 Debtor Master Lending Group, LLC Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Exhibit A, Attached to Petition		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

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 Debtor Master Lending Group, LLC Case number (if known) _____

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.			
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
---	---	-------	-----------------------

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
 Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor Master Lending Group, LLC

Case number (if known) _____

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

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Does debtor
still have it?**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Does debtor
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

26a.1. **Gregory Hirsch**
440 Mall Blvd, Suite A
Savannah, GA 31406

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

Case:23-40569-EJC Doc#:1 Filed:07/06/23 Entered:07/06/23 12:05:17 Page:41 of 50
 Debtor Master Lending Group, LLC Case number (if known) _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Gregory Hirsch**
440 Mall Blvd., Suite A
Savannah, GA 31406

Mr. Hirsch is suffering from a terminal illness which has rendered him unable to communicate. Counsel is endeavoring to obtain complete business records, bank statements, etc.

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Gregory M. Hirsch

308 Megan Court
Savannah, GA 31406

Sole Member

100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Natalie Rowland

From: Jud Hill [<mailto:jhill@gastinhill.com>]
Sent: Saturday, July 8, 2023 5:27 PM
To: Tiffany Caron <tiffany.caron@hotmail.com>
Cc: General Info <bankruptcy@gastinhill.com>; Jeremiah Gastin <jgastin@gastinhill.com>; Glisson, Lauren H (USTP) <Lauren.H.Glisson@usdoj.gov>; Mills, Matthew E. (USTP) <Matthew.E.Mills@usdoj.gov>; Paschke, Joel (USTP) <Joel.Paschke@usdoj.gov>
Subject: Re: Case 23-40569 MASTER LENDING GROUP, LLC - Prudential Life Insurance Policy

Tiffany:

This isn't the typical scenario, where the Trustee liquidates a cash value policy that belongs to the debtor. This insurance policy belongs to Mr. Hirsch, and Mrs. Hirsch is the beneficiary.

It appears that Mr. Hirsch's life expectancy is measured in days or weeks, not months or years. When he dies, Mrs. Hirsch will pay the \$5m death benefit over to the Trustee pursuant to Mr. Hirsch's wishes.

I understand you need to verify all of this and we will get you the policy documents asap.

Thanks, Jud

Sent from my iPhone

On Jul 8, 2023, at 4:51 PM, Tiffany Caron <tiffany.caron@hotmail.com> wrote:

Jud,

Can you provide the name of the insurance agent for the Prudential Life Insurance policy listed on Schedule A/B? If you have a statement and/or the policy number, that would be helpful too.

Thank you,
Tiffany

Tiffany E. Caron, Esq.
Chapter 7 Trustee
Subchapter V Trustee
P.O. Box 711
West Palm Beach, FL 33402
404-647-4917
tiffany.caron@hotmail.com

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