THE STATE OF NEW JERSEY DEPARTMENT OF HEALTH, Plaintiff, v. **MEDFORD CONVALESCENT & NURSING CENTER, a New Jersey Corporation, BARBARA JANE LEVINE, KAREN MENDELSOHN and RICHARD PINELES,** Defendants.	:	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION: BURLINGTON COUNTY DOCKET NO.: BUR-C-105-24 Civil Action **PROOF OF CLAIM AGAINST MEDFORD CONVALESCENT & NURSING CENTER**

Instructions: Please complete and return this form so that it is received on or before **December 15, 2025.** When returning this claim form, you must provide copies (do not send originals) of any supporting documents including invoices, purchase orders, statements of account, or other evidence supporting your claim.

To Return by Mail: Send this completed form and any supporting documentation, so that it is received on or prior to December 15, 2025, to the following address:

Allen Wilen, Receiver - Medford Care Center
PO Box 3637
Baton Rouge, LA 70821

To Return Online: Upload this completed form and any supporting documents, on or before December 15, 2025, to www.Medford.eaclaims.com. An electronic version of this form can be downloaded from the site.

If you require additional information regarding the filing of a proof of claim, you may contact the Receiver in writing at: Eisner Advisory Group, LLC, ATTN: Allen Wilen, 111 Wood Avenue South, Iselin, NJ 08830-2700 or by email at: (Medford@eaclaims.com).

(a) **CREDITOR IDENTIFICATION** (*required*). Please print clearly or type.

Name: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Telephone No: _____

Email: _____

(b) NATURE OF CLAIM

Claim Amount: $_____

What is the basis of your claim: _____

_____

_____

Is all or part of your claim secured: ☐Yes ☐No (check one)

If Yes - please describe what property secures the claim:

_____

(c) CERTIFICATION

I hereby certify under penalty of perjury that the foregoing statements and information I have provided in this Proof of Claim form is true and correct. I understand that the information contained in this Proof of Claim is subject to verification by the Receiver.

_____ Date:_____

Print Name of Creditor

_____

Print Name and Title of Person signing on behalf of Creditor

_____

Signature of Authorized Signor

THE STATE OF NEW JERSEY DEPARTMENT OF HEALTH, Plaintiffs, v. **MEDFORD CONVALESCENT & NURSING CENTER, a New Jersey Corporation, BARBARA JANE LEVINE, KAREN MENDELSOHN and RICHARD PINELES,** Defendants.	:	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION: BURLINGTON COUNTY DOCKET NO.: BUR-C-105-24 Civil Action **NOTICE OF RECEIVERSHIP AND BAR DATE FOR FILING CLAIMS**

PLEASE TAKE NOTICE that pursuant to Order of the Superior Court of New Jersey, Chancery Division: Burlington County dated September 9, 2025, all persons who are creditors of Medford Convalescent & Nursing Center, a New Jersey Corporation ("MCNC" or "Medford Care Center") shall present written proof of their claims, under oath, to Allen Wilen, Receiver for Medford Care Center, on or before **December 15, 2025.** Any creditor who does not file a claim as provided in this Notice, and all those claiming through and under such creditor, shall be forever barred from suing on such claim or otherwise realizing upon or enforcing it, and will be excluded from the benefit of whatever dividends may hereafter be made and declared by the Court from the assets of MCNC. If you require additional information regarding the filing of a proof of claim, you may contact the Receiver in writing at: Eisner Advisory Group, LLC, ATTN: Allen Wilen, 111 Wood Avenue South, Iselin, NJ 08830-2700 or by email at: (Medford@eaclaims.com).

Allen Wilen

Receiver For MCNC/Medford Care Center

Date: September 25, 2025