

**IN THE CIRCUIT COURT OF THE 17<sup>TH</sup> JUDICIAL CIRCUIT,  
IN AND FOR BROWARD COUNTY, FLORIDA**

**In Re:**  
**S & P ASSOCIATES GENERAL PARTNERSHIP**

**Case No.: 12-24051 (07)**  
**COMPLEX LITIGATION UNIT**

**To:**  
**PHILIP J. VON KAHLE,**  
  
**Conservator,**

**PROOF OF CLAIM**

**TO INSURE WE HAVE YOUR CORRECT INFORMATION, PLEASE FILL OUT THE INFORMATION  
REQUESTED AND FORWARD BACK AT YOUR EARLIEST CONVENIENCE.**

THE CONSERVATOR'S NAME AND ADDRESS ARE AS FOLLOWS:

Philip J. Von Kahle, Conservator  
MICHAEL MOECKER & ASSOCIATES, INC.  
3613 North 29<sup>th</sup> Avenue  
Hollywood, FL 33020  
(954) 252-1560 · (954) 252-2791 Fax No.  
Info@Moecker.com

1. **NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
  
**TELEPHONE NUMBER:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

*Please be sure to notify us if you have a change of address.*

2. **BASIS FOR CLAIM:**  
  
 Services Performed  Shareholder

3. **STARTING DATE DEBT WAS INCURRED:** \_\_\_\_\_

4. **AMOUNT OF CLAIM:** \_\_\_\_\_

5. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. **SIGNATURE:** Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature of Claimant or Representative

\_\_\_\_\_  
**Print Name and Title Here**