

**IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION**

APR 16 | 30 PM '03

**IN RE:**

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**CASE NO. 99-11149**

CLERK, U.S. BANKRUPTCY  
COURT  
BY \_\_\_\_\_ DEPUTY

**REGIONAL HOMECARE  
NETWORK, INC.**

**CHAPTER 7**

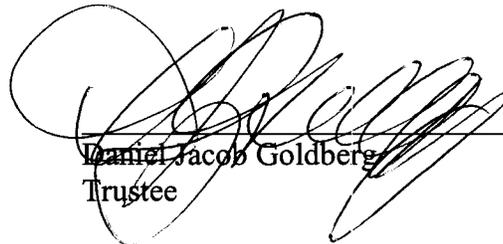
**DEBTOR**

**TRUSTEE'S FINAL REPORT, APPLICATION FOR COMPENSATION AND  
REPORT OF PROPOSED DISTRIBUTION**

Daniel Jacob Goldberg, the Trustee of the estate of the above-named Debtor, hereby certifies under penalty of perjury, to the Court and to the United States Trustee that the Trustee has faithfully and properly fulfilled the duties of his office, that the Trustee has examined all proofs of claim as appropriate in preparation for the proposed distribution, and that the proposed distribution attached herewith is proper and consistent with the law and rules of the Court. The Trustee hereby applies for the commissions and expenses set forth herein and states that they are reasonable and proper.

Wherefore, the Trustee respectfully requests that the Final Report, Application for Compensation, and Report of Proposed Distribution be approved.

Date: February 25, 2003.

  
\_\_\_\_\_  
Daniel Jacob Goldberg  
Trustee

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**REVIEWED BY THE UNITED STATES TRUSTEE**

I have reviewed the Trustee's Final Report, Application for Compensation, and Report of Proposed Distribution.

United States Trustee

Date: 4-1-03

By: 

**IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION**

**IN RE:  
REGIONAL HOMECARE NETWORK,  
INC.  
  
DEBTOR**

**§ CASE NO. 99-11149  
§ CHAPTER 7  
§**

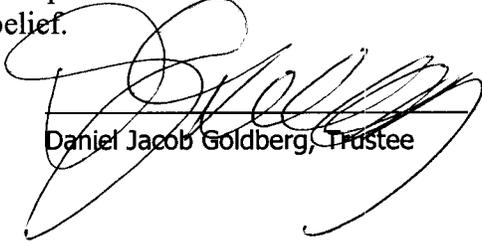
**TRUSTEE'S FINAL REPORT, APPLICATION FOR COMPENSATION AND  
APPLICATION TO CLOSE CASE AND DISCHARGE TRUSTEE**

The Trustee of the estate presents the following final report:

1. The Trustee applies for commissions and expenses set forth herein: That they are reasonable and proper; that in the course of the performance of duties, the Trustee has advanced monies from personal funds for expenses, and that the Trustee has not been reimbursed or indemnified.
2. The Trustee submits Schedule F as a summary of the assets and estate property record. Any property scheduled under 11 U.S.C § 554(c).
3. The Trustee has reduced all assets of this estate to case or otherwise lawfully disposed of them and the estate is ready to be closed.
4. The Trustee submits Schedule A as the account of estate case receipts and disbursements.
5. There is no agreement or understanding between the Trustee and any other person for a division of the compensation sought by this application except as permitted by the Bankruptcy Code.
6. The Trustee requests approval of this final report.
7. The Trustee has examined each and every claim filed and noted his approval of claims as filed, or he has filed objections to allowance or requests for reclassification.
8. The Trustee further requests that the after final distribution of all monies in accordance with the Trustee's Report of Final Distribution, and upon filing of a Supplemental Final Report and Account and certification by the U.S. Trustee, the Trustee be discharged from office and that the case be closed.

I declare under penalty of perjury that this Report and attached Schedules are true and correct to the best of my knowledge and belief.

Date: February 25, 2003.

  
Daniel Jacob Goldberg, Trustee

Case Name: **REGIONAL HOMECARE NETWORK, INC.**  
Case Number: **99-11149**

Final Report as of: February 19, 2003

**SCHEDULE A-1**

A. Receipts	\$3,469.06
B. Disbursements	
1. Secured Creditors	\$0.00
2. Administrative	\$834.35
3. Priority	\$0.00
4. Other	\$0.00
<b>TOTAL DISBURSEMENTS</b>	<b>\$834.35</b>
<b>BALANCE ON HAND:</b>	<b>\$2,634.71</b>

**TRUSTEE'S FINAL REPORT CASE SUMMARY**

**TRUSTEE: GOLDBERG**

**CASE NAME: REGIONAL HOMECARE NETWORK, INC.**

**COMMENTS:**

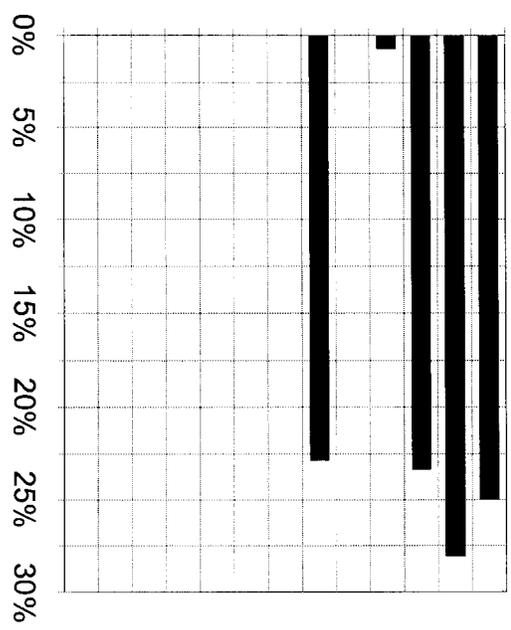
**CASE NUMBER: 99-11149**

**DATE UST APPROVED: 04-01-03**

**ESTATE INCOME: TOTAL RECEIPTS: \$3,469.06 100.00%**

**ESTATE EXPENSES:**

TRUSTEE'S COMMISSION	867.27	25.00%
TRUSTEE'S EXPENSES	974.45	28.09%
FIRM'S PROFESSIONAL FEES	810.00	23.35%
FIRM'S PROFESSIONAL EXPENSES	24.35	0.70%
OTHER ATTORNEY FEES	0.00	0.00%
OTHER PROFESSIONAL FEES	792.99	22.86%
COURT COSTS	0.00	0.00%
ESTATE EXPENSES(TAXES, ETC)	0.00	0.00%
PRIOR CHAPTER COSTS	0.00	0.00%
SECURED CLAIMS PAID	0.00	0.00%
PRIORITY CLAIMS PAID	0.00	0.00%
UNSECURED CLAIMS PAID	0.00	0.00%
OTHER(RETURN TO DEBTOR, ETC)	0.00	0.00%



**UNSECURED CLAIMS ALLOWED 1,554,955.57**

**UNSECURED CLAIMS PAID 0.00**

**PERCENT RECOVERED FOR UNSECURED 0.00%**

**FORM 1  
INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT  
ASSET CASES**

Page No: 1

Case No.: 99-11149  
Case Name: REGIONAL HOMECARE NETWORK, INC.  
For the Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
Date Filed (f) or Converted (c): 07/13/1999 (f)  
\$341(a) Meeting Date: 08/27/1999  
Claims Bar Date: 03/27/2000

Ref. #	Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Value	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Abandoned DA = § 554(a) abandon. DA = § 554(c) abandon.	Sales/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1	Community Bank & Trust	\$161.90	\$161.90		\$0.00	FA
2	Medicare/Palmetto Govt. Benef. Admstrs.	Unknown	\$0.00	DA	\$0.00	FA
<b>Asset Notes:</b> offset by money owed to the government						
3	On Call Visiting Nurse Service, L.L.C. \$67,733.82 uncollectable	\$0.00	\$0.00	DA	\$0.00	FA
<b>Asset Notes:</b> On Call in Ch. 7 - no asset						
4	Gentle Home Healthcare, Inc. \$17,400.00 uncollectable	\$0.00	\$0.00	DA	\$0.00	FA
<b>Asset Notes:</b> Gentle Home Healthcare in Ch. 7 - no asset						
5	Regional Healthcare Management Corp. \$180,927.23 uncollectable	\$0.00	\$0.00	DA	\$0.00	FA
<b>Asset Notes:</b> affiliate of debtor - out of business - uncollectable						
6	AdvantaCare, Inc., accounts receivable	\$0.00	\$10.00		\$3,333.34	FA
<b>Asset Notes:</b> 6/30/99 balance sheet shows -455,000.00 as negative equity and total liabilities of \$874,000.00 with assets of \$386,000.00 (Court approved Trustee's Motion to Compromise Controversy with AdvantaCare, Inc. on May 4, 2000) ADVANTACARE, INC. FILED CHAPTER 7.						
7	Possible counterclaim against MedCapital Funding I Corporation	Unknown	\$0.00	DA	\$0.00	FA
<b>Asset Notes:</b> debtor testified any possible recovery would be offset against claims by MedCapital						
8	Texas Department of Health License	Unknown	\$0.00	DA	\$0.00	FA
<b>Asset Notes:</b> debtor testified that this was non-transferable and has no value.						
9	Misc. equipment and furnishings	\$3,775.00	\$3,775.00	DA	\$0.00	FA
<b>Asset Notes:</b> Horn Auctioneers inspected property and said assets have no value						
INT	Interest Earned	(u) Unknown	Unknown		\$135.72	FA
<b>TOTALS (Excluding unknown value)</b>			\$3,946.90		\$3,469.06	\$0.00
						<b>Gross Value of Remaining Assets</b>
						\$0.00

Major activities affecting case closing:

**FORM 1  
INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT  
ASSET CASES**

Case No.: 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 For the Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Date Filed (f) or Converted (c): 07/13/1999 (f)  
 §341(a) Meeting Date: 08/27/1999  
 Claims Bar Date: 03/27/2000

1 Asset Description (Scheduled and Unscheduled (u) Property)	2 Petition/ Unscheduled Value	3 Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	4 Property Abandoned OA = § 554(s) abandon. DA = § 554(c) abandon.	5 Sales/Funds Received by the Estate	6 Asset Fully Administered (FAV) Gross Value of Remaining Assets
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Motion to Employ Accountant  
 Preparing and filing of tax return

Initial Projected Date Of Final Report (TFR): 12/30/2000

Current Projected Date Of Final Report (TFR): 12/30/2002

**FORM 2  
CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No. 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Taxpayer ID #: 76-0519233  
 For Period Beginning: 7/13/1999  
 For Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Bank Name: Sterling Bank  
 Checking Acct #: 8019911149  
 Account Title: Checking  
 Blanket bond (per case limit): \$300,000.00  
 Separate bond (if applicable):

1 Transaction Date	2 Check or Ref. #	3 Paid to/ Received From	4 Description of Transaction	5 Uniform Tran Code	6 Deposit \$	7 Disbursement \$	8 Balance
02/22/2002		Transfer From Money Market #8029911149	Order Pay Attorney, signed 2/11/02.	9999-000	\$834.35		\$834.35
02/22/2002	1	Ross, Banks, May, Cron & Cavin, P.C.	Per Order to Pay Attorney, signed 2/11/02.	*		\$834.35	\$0.00
Attorney for Trustee Fees (Trustee Firm)				3110-000		\$810.00	
Attorney for Trustee Expenses (Trustee Firm)				3120-000		\$24.35	

12/16/2002		Transfer From Money Market #8029911149	Per Order to Pay Accountant Signed 12/3/02.	9999-000	\$1,216.50		\$1,216.50
12/16/2002	2	James P. Smith, CPA	Per Order to Pay Accountant, Signed on 12/3/02.	3410-000		\$1,216.50	\$0.00
12/18/2002		Transfer To Money Market #8029911149	Error.	9999-000		\$1,216.50	(\$1,216.50)
12/18/2002	2	*** VOID of Check 2 James P. Smith, CPA***	VOID-If paid account will have negative balance when TR submitted.	3410-003		(\$1,216.50)	\$0.00
02/17/2003		Transfer from: Money Market # 8029911149	Transfer to Close Account	9999-000	\$2,634.71		\$2,634.71

SUBTOTALS \$4,685.56 \$2,050.85

**FORM 2  
CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No. 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Taxpayer ID #: 76-0519233  
 For Period Beginning: 7/13/1999  
 For Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Bank Name: Sterling Bank  
 Checking Acct #: 8019911149  
 Account Title: Checking  
 Blanket bond (per case limit): \$300,000.00  
 Separate bond (if applicable):

1 Transaction Date	2 Check or Ref. #	3 Paid to/ Received From	4 Description of Transaction	Uniform Tran Code	7 Deposit \$	8 Disbursement \$	9 Balance
<p align="right"> <b>TOTALS:</b>                      Less: Bank transfers/CDS <u>\$4,685.56</u>      <u>\$2,050.85</u>                      Subtotal <u>\$0.00</u>      <u>\$834.35</u>                      Less: Payments to debtors <u>\$0.00</u>      <u>\$0.00</u>                      Net <u>\$0.00</u>      <u>\$834.35</u> </p>							

For the period of 7/13/1999 to 2/19/2003

Total Compensable Receipts: \$0.00  
 Total Non-Compensable Receipts: \$0.00  
 Total Comp/Non Comp Receipts: \$4,685.56  
 Total Internal/Transfer Receipts:

Total Compensable Disbursements: \$834.35  
 Total Non-Compensable Disbursements: \$0.00  
 Total Comp/Non Comp Disbursements: \$834.35  
 Total Internal/Transfer Disbursements: \$1,216.50

For the entire history of the account between 05/25/2000 to 2/19/2003

Total Compensable Receipts: \$0.00  
 Total Non-Compensable Receipts: \$0.00  
 Total Comp/Non Comp Receipts: \$4,685.56  
 Total Internal/Transfer Receipts:

Total Compensable Disbursements: \$834.35  
 Total Non-Compensable Disbursements: \$0.00  
 Total Comp/Non Comp Disbursements: \$834.35  
 Total Internal/Transfer Disbursements: \$1,216.50

**FORM 2  
CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No. 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Taxpayer ID #: 76-0519233  
 For Period Beginning: 7/13/1999  
 For Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Bank Name: Sterling Bank  
 Money Market Acct #: 8029911149  
 Account Title: Money Market  
 Blanket bond (per case limit): \$300,000.00  
 Separate bond (if applicable):

1 Transaction Date	2 Check or Ref. #	3 Paid to/ Received From	4 Description of Transaction	Uniform Tran Code	7 Deposit \$	8 Disbursement \$	9 Balance
05/25/2000	(6)	AdvantaCare, Inc.	Interest earned for May at 2.5% APY	1290-000	\$1,666.67		\$1,666.67
05/31/2000	(INT)	Sterling Bank	Interest earned for May at 2.5% APY	1270-000	\$0.23		\$1,666.90
06/28/2000	(6)	ADVANTACARE, INC.	Interest earned for June at 2.5% APY	1290-000	\$1,666.67		\$3,333.57
06/30/2000	(INT)	Sterling Bank	Interest earned for June at 2.5% APY	1270-000	\$3.65		\$3,337.22
07/31/2000	(INT)	Sterling Bank	Interest earned for July at 2.5% APY	1270-000	\$7.08		\$3,344.30
08/31/2000	(INT)	Sterling Bank	Interest earned for August at 2.5% APY	1270-000	\$7.10		\$3,351.40
09/29/2000	(INT)	Sterling Bank	Interest earned for September at 2.5% APY	1270-000	\$6.89		\$3,358.29
10/31/2000	(INT)	Sterling Bank	Interest earned for October at 2.42% APY	1270-000	\$6.93		\$3,365.22
11/30/2000	(INT)	Sterling Bank	Interest earned for November at 2.4% APY	1270-000	\$6.64		\$3,371.86
12/29/2000	(INT)	Sterling Bank	Interest earned for December at 2.4% APY	1270-000	\$6.87		\$3,378.73
01/31/2001	(INT)	Sterling Bank	Interest earned for January at 2.4% APY	1270-000	\$6.89		\$3,385.62
02/28/2001	(INT)	Sterling Bank	Interest earned for February at 2.4% APY	1270-000	\$6.23		\$3,391.85
03/30/2001	(INT)	Sterling Bank	Interest earned for March at 2.4% APY	1270-000	\$6.91		\$3,398.76
04/30/2001	(INT)	Sterling Bank	Interest earned for April at 2.4% APY	1270-000	\$6.70		\$3,405.46
05/31/2001	(INT)	Sterling Bank	Interest earned for May at 2.25% APY	1270-000	\$6.51		\$3,411.97
06/29/2001	(INT)	Sterling Bank	Interest earned for June at 2.25% APY	1270-000	\$6.31		\$3,418.28
07/31/2001	(INT)	Sterling Bank	Interest earned for July at 2.25% APY	1270-000	\$6.53		\$3,424.81
08/31/2001	(INT)	Sterling Bank	Interest earned for August at 2.25% APY	1270-000	\$6.54		\$3,431.35
09/28/2001	(INT)	Sterling Bank	Interest Earned	1270-000	\$5.71		\$3,437.06
10/31/2001	(INT)	Sterling Bank	Interest Earned	1270-000	\$4.38		\$3,441.44
11/30/2001	(INT)	Sterling Bank	Interest Earned	1270-000	\$4.24		\$3,445.68
12/31/2001	(INT)	Sterling Bank	Interest Earned	1270-000	\$4.39		\$3,450.07
01/31/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$2.93		\$3,453.00
02/22/2002		Transfer To Checking #8019911149	Order Pay Attorney, signed 2/11/02.	9999-000		\$834.35	\$2,618.65
02/28/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$2.49		\$2,621.14
03/29/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$2.23		\$2,623.37
04/30/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$1.40		\$2,624.77

SUBTOTALS \$3,459.12 \$834.35

**FORM 2  
CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No. 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Taxpayer ID #: 76-0519233  
 For Period Beginning: 7/13/1999  
 For Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Bank Name: Sterling Bank  
 Money Market Acct #: 8029911149  
 Account Title: Money Market  
 Blanket bond (per case limit): \$300,000.00  
 Separate bond (if applicable):

1 Transaction Date	2 Check or Ref. #	3 Paid to/ Received From	4 Description of Transaction	Uniform Tran Code	7 Deposit \$	8 Disbursement \$	9 Balance
05/31/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$1.45		\$2,626.22
06/28/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$0.97		\$2,627.19
07/31/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$1.00		\$2,628.19
08/30/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$1.00		\$2,629.19
09/30/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$0.97		\$2,630.16
10/31/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$1.01		\$2,631.17
11/29/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$0.97		\$2,632.14
12/16/2002		Transfer To Checking #8019911149	Per Order to Pay Accountant Signed 12/3/02.	9999-000		\$1,216.50	\$1,415.64
12/18/2002		Transfer From Checking #8019911149	Error.	9999-000	\$1,216.50		\$2,632.14
12/31/2002	(INT)	Sterling Bank	Interest Earned	1270-000	\$1.01		\$2,633.15
01/31/2003	(INT)	Sterling Bank	Interest Earned For January	1270-000	\$1.01		\$2,634.16
02/17/2003	(INT)	Sterling Bank	Interest posted as of 2/17/2003	1270-000	\$0.55		\$2,634.71
02/17/2003		Transfer To: Checking # 8019911149	Transfer to Close Account	9999-000		\$2,634.71	\$0.00

SUBTOTALS \$1,226.44 \$3,851.21

**FORM 2  
CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No. 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Taxpayer ID #: 76-0519233  
 For Period Beginning: 7/13/1999  
 For Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Bank Name: Sterling Bank  
 Money Market Acct #: 8029911149  
 Account Title: Money Market  
 Blanket bond (per case limit): \$300,000.00  
 Separate bond (if applicable):

1 Transaction Date	2 Check or Ref. #	3 Paid to/ Received From	4 Description of Transaction	Uniform Tran Code	7 Deposit \$	8 Disbursement \$	9 Balance

TOTALS: \$4,685.56 \$4,685.56 \$0.00  
 Less: Bank transfers/CDS \$1,216.50 \$4,685.56  
 Subtotal \$3,469.06 \$0.00  
 Less: Payments to debtors \$0.00 \$0.00  
 Net \$3,469.06 \$0.00

**For the period of 7/13/1999 to 2/19/2003**

Total Compensable Receipts: \$3,469.06  
 Total Non-Compensable Receipts: \$0.00  
 Total Comp/Non Comp Receipts: \$3,469.06  
 Total Internal/Transfer Receipts: \$1,216.50

Total Compensable Disbursements: \$0.00  
 Total Non-Compensable Disbursements: \$0.00  
 Total Comp/Non Comp Disbursements: \$0.00  
 Total Internal/Transfer Disbursements: \$4,685.56

**For the entire history of the account between 05/25/2000 to 2/19/2003**

Total Compensable Receipts: \$3,469.06  
 Total Non-Compensable Receipts: \$0.00  
 Total Comp/Non Comp Receipts: \$3,469.06  
 Total Internal/Transfer Receipts: \$1,216.50

Total Compensable Disbursements: \$0.00  
 Total Non-Compensable Disbursements: \$0.00  
 Total Comp/Non Comp Disbursements: \$0.00  
 Total Internal/Transfer Disbursements: \$4,685.56

CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No. 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Taxpayer ID #: 76-0519233  
 For Period Beginning: 7/13/1999  
 For Period Ending: 2/19/2003

Trustee Name: Daniel Jacob Goldberg  
 Bank Name: Sterling Bank  
 Money Market Acct #: 8029911149  
 Account Title: Money Market  
 Blanket bond (per case limit): \$300,000.00  
 Separate bond (if applicable):

1 Transaction Date	2 Check or Ref. #	3 Paid to/ Received From	4 Description of Transaction	Uniform Tran Code	7 Deposit \$	8 Disbursement \$	9 Balance

TOTAL - ALL ACCOUNTS

NET DEPOSITS	DISBURSEMENTS	NET ACCOUNT BALANCES
\$3,469.06	\$834.35	\$2,634.71

For the period of 7/13/1999 to 2/19/2003

Total Compensable Receipts: \$3,469.06  
 Total Non-Compensable Receipts: \$0.00  
 Total Comp/Non Comp Receipts: \$3,469.06  
 Total Internal/Transfer Receipts: \$5,902.06  
 Total Compensable Disbursements: \$834.35  
 Total Non-Compensable Disbursements: \$0.00  
 Total Comp/Non Comp Disbursements: \$834.35  
 Total Internal/Transfer Disbursements: \$5,902.06

For the entire history of the case between 07/13/1999 to 2/19/2003

Total Compensable Receipts: \$3,469.06  
 Total Non-Compensable Receipts: \$0.00  
 Total Comp/Non Comp Receipts: \$3,469.06  
 Total Internal/Transfer Receipts: \$5,902.06  
 Total Compensable Disbursements: \$834.35  
 Total Non-Compensable Disbursements: \$0.00  
 Total Comp/Non Comp Disbursements: \$834.35  
 Total Internal/Transfer Disbursements: \$5,902.06

**UNITED STATES BANKRUPTCY COURT**  
**FOR THE EASTERN DISTRICT OF TEXAS**  
**BEAUMONT DIVISION**

FILED  
03 JAN -7 AM 11:52

**In Re:**

Regional Homecare Network, Inc.

U.S. BANKRUPTCY COURT  
**Bankruptcy Case:** 99-11149 bp  
Chapter 7 \_\_\_\_\_ DEPUTY

**Debtor(s):**

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**BILL OF COURT COSTS**

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**TO: Daniel Goldberg**  
**2 Riverway, Suite 700**  
**Houston , TX 77056-1918**

**DEFERRED ADVERSARY FILING FEES**

0 Chapter 7 Adversary Proceeding(s) filed @ \$150.00 each.

**\$0.00**

**TOTAL AMOUNT DUE**

**\$0.00**

Check to be made payable to Clerk, U.S. Bankruptcy Court

Date: **January 7, 2003**

JAMES D. TOKOPH  
Clerk of Court

BY: \_\_\_\_\_

*P. English*  
Deputy Clerk

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION

**FILED**  
US BANKRUPTCY COURT  
EASTERN-DISTRICT OF TEXAS

FEB 13 1 29 PM '02

IN RE:

REGIONAL HOMECARE NETWORK, INC.

Debtor

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Case No. 99-11149

Chapter 7

CLERK US BANKRUPTCY  
BY DEPUTY

**EOD**

FEB 13 2002

**ORDER GRANTING IN PART AND DENYING IN PART  
APPLICATION FOR COMPENSATION AND REIMBURSEMENT  
OF EXPENSES FOR ROSS, BANKS, MAY, CRON & CAVIN, P.C.,  
ATTORNEYS FOR DANIEL J. GOLDBERG, CHAPTER 7 TRUSTEE**

ON THIS DATE the Court considered the "Application of Attorney for Trustee for Compensation and Reimbursement of Expenses" filed by Ross, Banks, May, Cron & Cavin, P.C., attorneys for the Chapter 7 Trustee, Daniel J. Goldberg, in the above-referenced Chapter 7 case. The Court, having reviewed the Application and determined whether the services and expenses as outlined in the application were actual, reasonable and necessary, finds that the Application provides insufficient information regarding the background and experience of the employed professionals to justify the hourly rate requested and the Court therefore has reduced the hourly rate to \$180.00 per hour. The Court further finds that a reduction of .50 hours is justified because the Applicant has batched or lumped various services together in a singular time entry (see, e.g., 3-23-00) which effectively precludes the Court from evaluating the reasonableness and necessity of each of the particular services contained in that entry. The Court further finds that a reduction of 1.50 hours is justified for excessive time having been billed for the preparation of the fee application in this matter. Accordingly, good cause exists for the entry of the following order.

**IT IS THEREFORE ORDERED** that Ross, Banks, May, Cron & Cavin, P.C., as attorneys for the Chapter 7 Trustee in the above-referenced case, is hereby awarded the sum of \$810.00 as reasonable compensation for actual and necessary services rendered to the Chapter 7 Estate and reimbursement for actual and necessary expenses in the amount of \$24.35, for a total award of \$834.35 which the Chapter 7 Trustee shall pay from available funds to Ross, Banks, May, Cron & Cavin, P.C.

SIGNED February 11, 2002.



**BILL PARKER**  
**UNITED STATES BANKRUPTCY JUDGE**

cc: **Daniel Goldberg, Chapter 7 Trustee** (trustee mailbox)

**EOD**

12/03/2002

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION**

IN RE: §  
REGIONAL HOMECARE §  
NETWORK, INC. § CASE NO. 99-11149  
DEBTOR § Chapter 7

**ORDER ALLOWING COMPENSATION TO ACCOUNTANTS,  
SMITH & HENault, P.C.**

On or about November 4<sup>th</sup>, 2002, the Motion for Allowance of Compensation to the accounting firm of Smith & Henault, P.C., (the "Motion") was filed by Daniel J. Goldberg (the "Movant") on behalf of Smith & Henault, P.C., Certified Public Accountants, in the above-referenced case. The Court finds that the Motion was properly served pursuant to the Federal and Local Rules of Bankruptcy Procedure and that it contained the appropriate twenty (20) day negative notice language, pursuant to Local Rule of Bankruptcy Procedure 9007, which directed any party opposed to the granting of the relief sought by the Motion to file a written response within twenty (20) days or the Motion would be deemed by the Court to be unopposed. The Court finds that no objection or other written response to the Motion has been timely filed by any party. Due to the failure of any party to file a timely written response, the allegations contained in the Motion stand unopposed and,

therefore, the Court finds that good cause exists for the entry of the following order.

**IT IS THEREFORE ORDERED** that the Trustee be authorized to pay James P. Smith, Certified Public Accountant, the sum and amount of ONE THOUSAND TWO HUNDRED SIXTEEN AND 50/100 DOLLARS (\$1,216.50), for services rendered to the Trustee in connection with the Bankruptcy Estate of Regional Homecare Network, Inc.; and that the same shall be taxed as an administrative expense in the proceeding.

Signed on 12/03/2002

Dated: \_\_\_\_\_

  
\_\_\_\_\_  
UNITED STATES BANKRUPTCY JUDGE

**SCHEDULE B**

**APPLICATION FOR COMPENSATION**

Case Name: **REGIONAL HOMECARE NETWORK, INC.**

Case Number: **99-11149**

COMPUTATION OF COMMISSIONS

Receipts	\$	3,469.06	25.00% of First \$5,000.00	\$	867.27
Less		-\$5,000.00	(\$1,250.00 Max)		
Balance	\$	0.00	10.00% of Next \$45,000.00	\$	0.00
Less		-\$45,000.00	(\$4,500.00 Max)		
Balance	\$	0.00	5.00% of Next \$950,000.00	\$	0.00
Less		-	(\$47,500.00 Max)		
Balance	\$	0.00	3.00% of Balance	\$	0.00
TOTAL COMPENSATION REQUESTED				\$	867.27

**TRUSTEE EXPENSES:**

COPIES	\$135.20
CLERICAL	\$198.00
PARALEGAL	\$599.00
POSTAGE	\$36.75
EXPENSES	\$5.50

Total Unreimbursed Expenses: **\$974.45**

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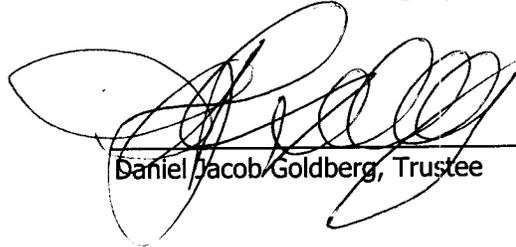
RECORDS:   X   Trustee did not take possession of business of personal records of Debtor.  
Notice given Debtor on \_\_\_\_\_ to pick up business or personal records in hands of Trustee.

**THE STATE OF TEXAS**

**COUNTY OF HARRIS**

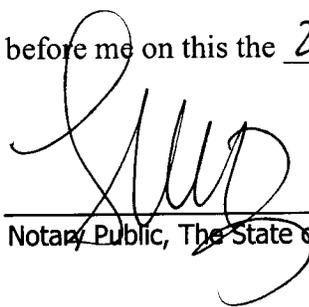
BEFORE ME, the undersigned authority on this date personally appeared Daniel Jacob Goldberg, and under oath stated the following:

"I, Daniel Jacob Goldberg, am the duly appointed Trustee in REGIONAL HOMECARE NETWORK, INC. bankruptcy proceeding. I am hereby making application for the maximum amount of Trustee fees, as it my opinion that the maximum amount was earned by me in carrying out my duties as Trustee. I held the 341(a) meeting. I reviewed additional documents provided at my request. I collected assets, reviewed claims and objected to several claims. I monitored estate, and hired an attorney to compromise controversy with AdvantaCare, Inc. I had several conferences and correspondence with the debtor's attorney. I hired an accountant to file tax returns on behalf of the estate. Further, I performed all other numerous duties of a Trustee, including, but not limited to, Preparing Trustee's Final Report, will make disbursements and will prepare the Supplemental Final Report.

  
Daniel Jacob Goldberg, Trustee

SWORN TO AND SUBSCRIBED TO before me on this the 25<sup>th</sup> day of February, 2003.



  
Notary Public, The State of Texas



**Secretarial / Paralegal Time**  
**99-11149 / Regional Homecare Network, Inc.**  
**Page One**

7/22/99 - Open Bankruptcy File, and enter information in system.  
(KP - .40)(S)

8/10/99 - Organize file for creditor's meeting.  
(KP - .30)(S)

9/23/99 - Print forms for 341 meeting, and organize file for meeting.  
(KP - .30)(S)

9/26/99 - Proceeding Memorandum mailed to court, assets entered in system, file organized.  
(KP - .90)(S)

1/25/00 - Draft for filing with court, Trustee's Application to Employ Attorney.  
(KP - .60)(P)

3/27/00 - Draft for filing with court, Motion Compromise Controversy.  
(KP - 1.30)(P)

5/25/00 - Open Financial File, print signature cards, and fax bank, post deposit.  
(KP - .40)(S)

5/31/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

6/28/00 - Deposit to money market account.  
(KP - .20)(S)

6/30/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

7/31/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

8/31/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

9/29/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

**Secretarial / Paralegal Time**  
**99-11149 / Regional Homecare Network, Inc.**  
Page Two

10/31/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

11/30/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

12/29/00 - Post interest to money market account, and reconcile bank statements.  
(KP - .20)(S)

1/29/01 - Letter to clerk requesting claims file.  
(KPM - .30)(S)

1/31/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

2/02/01 - Claims file returned to court. Copies of claims made.  
(KPM - .70)(S)

2/02/01 - Enter claims in system.  
(KPM - 1.80)(S)

2/28/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

3/30/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

4/30/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

5/31/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

6/29/01 - Post interest to money market account, and reconcile bank statements.  
(KPM .20)(S)

7/31/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

**Secretarial / Paralegal Time**  
**99-11149 / Regional Homecare Network, Inc.**  
Page Three

8/31/01 - Post interest to money market account, and reconcile bank statements.  
(KPM - .20)(S)

9/28/01 - Post interest to money market account, and reconcile bank statements.  
(TD - .20)(S)

10/31/01 - Post interest to money market account, and reconcile bank statements.  
(TD - .20)(S)

11/30/01 - Post interest to money market account, and reconcile bank statements.  
(TD - .20)(S)

12/31/01 - Post interest to money market account, and reconcile bank statements.  
(TD - .20)(S)

1/09/02 - Pull mailing matrix, and create mailing labels.  
(TD - .40)(S)

1/31/02 - Post interest to money market account, and reconcile bank statements.  
(TD - .20)(S)

2/22/02 - Transfer to checking account, to pay attorney; fax bank.  
(TD - .30)(S)

2/22/02 - Cut check to attorney.  
(TD - .30)(P)

2/28/02 - Post interest to money market account, and reconcile bank statements.  
(TD - .20)(S)

3/14/02 - Letter to court requesting Bill of Court Costs.  
(TD - .20)(S)

3/18/02 - Begin preparation for TFR; review claims categories, assets, time sheets,  
enter attorney fee/expense claims, figure expenses for trustee, etc.  
(TD - 2.00)(P)

**Secretarial / Paralegal Time**  
**99-11149 / Regional Homecare Network, Inc.**  
**Page Four**

- 4/17/02 - Draft Trustee's Application to Hire Accountant, Smith & Henault for filing with the court.  
(TD - .70)(P)
- 4/17/02 - Made copies and mailed Accountant Full Debtor Plan, Appointment of Trustee, and other documents needed for filing tax returns.  
(TD - .40)(S)
- 4/22/02 - Filed Interim Status Report Sent to U.S. Trustee, along with Form 1.  
(TD - .60)(P)
- 5/24/02 - Mailed Form 1 and 2 to accountant for filing of tax returns.  
(TD - .20)(S)
- 7/10/02 - Enter sustained order on obj to claim #1 in system.  
(TD - .20)(S)
- 7/26/02 - Spoke with accountant to check status on tax returns.  
(TD - .30)(S)
- 10/3/02 - Call to accountant to request status update in writing.  
(TD - .30)(S)
- 10/7/02 - Mail IRS Tax Returns.  
(TD - .30)(S)
- 11/4/02 - Draft for filing with court, Motion for Allowance and Compensation to Accountants; copies and mail.  
(TD - 1.00)(P)
- 11/5/02 - Review IRS mail, copy, and draft letter to forward info to accountant.  
(TD - .30)(S)
- 12/19/02 - Draft Letter to court requesting Bill of Court Costs.  
(TD - .30)(P)
- 1/7/03 - Review IRS mail, copy, and draft letter to forward info to accountant.  
(TD - .30)(S)

**Secretarial / Paralegal Time**  
**99-11149 / Regional Homecare Network, Inc.**  
**Page Five**

2/4/03 - Review IRS mail, copy, and draft letter to forward 2 IRS letters to accountant.  
(TD - .30)(S)

2/5/03 - Finalize TFR preparations.  
(TD - 3.00)(P)

**TOTAL TIME:**

KP (S)	8.50 Hrs @ \$15.00 per hour =	\$127.50
KP (P)	1.90 Hrs @ \$45.00 per hour =	\$ 85.50
TD (S)	4.70 Hrs @ \$15.00 per hour =	\$ 70.50
TD (P)	7.90 Hrs @ \$65.00 per hour =	\$513.50

## **RESUME OF THE PARALEGAL ASSISTANT TO THE TRUSTEE**

### **Teresa M. Diez**

Employed by the Trustee on September 17, 2001. Having 5+ years experience in Chapter 13 Trustee offices in Houston and Corpus Christi, Texas and bankruptcy law for a creditor law firm in Houston, Texas.

Her duties performed for the Trustee are as follows: the loading of information into the case management system when files are received. Setting up of files and financial files, filing, and document filing with the court. Preparing of Trustee's Report of No Distribution and various correspondence between Trustee and interested parties. Answer telephone calls regarding routine questions. Assisting with the location, collection and disposition of assets. Assisting in the collection of sale proceeds and accounts receivable. Answering questions from creditors, opening bank accounts, securing Tax Identification numbers, preparing deposits and disbursement checks, posting deposits and disbursements into the computer, reconciling monthly bank statements, verifying receipts against bank statements, organizing files in preparation of creditor meetings. Preparing objections to claims and other legal documents. Mailing notices. Preparing of Semi-Annual reports, Trustee's Final Reports, Requests for Compensation, and Trustee's Supplemental Final Reports.

## RESUME OF THE PARALEGAL ASSISTANT TO THE TRUSTEE

### **Karen Morgan**

Employed by the Trustee September 7, 1997. Has 3 years prior legal experience in various areas of law.

Her duties performed for the Trustee include loading information into the case management system when files are received, set-up of files, filing, preparation of Trustee's Report of No distribution, preparation of various correspondence between Trustee and interested parties, answer telephone calls regarding routine questions, assisting with the location, collection and disposition of assets, assisting in the collection of sale proceeds and accounts receivable, answering questions from creditors, opening bank accounts, securing Tax Id Nos., preparing deposits and disbursement checks, posting deposits and disbursements into computer, reconciling bank statements, verifying receipts against bank statements, organizing files, preparation of objections to claims, preparation of various miscellaneous and other legal documents, mailing notices, preparation of semi-annual reports, preparation of Trustee's Final Reports and Request for Compensation and preparation of Trustee's Supplemental Final Reports.

SCHEDULE C  
EXPENSES OF ADMINISTRATION

Case Name: **REGIONAL HOMECARE NETWORK, INC.**

Case Number: **99-11149**

Description	Amount Claimed	Amount Allowed	Previously Paid	Due
1. 11 U.S.C. § 507(a)(1) Court Costs and Fees				
2. 11 U.S.C. § 503(b)(1)(A) Preservation of estate (Trustee operated Debtor's business)				
3. 11 U.S.C. § 503(b)(1)(B),(C) Post Petition taxes and related penalties				
4. 11 U.S.C. § 503(b)(2) Compensation and Reimbursement				
Attorney for Trustee Expenses (Trustee Firm)	\$24.35	\$24.35	\$24.35	\$0.00
Attorney for Trustee Fees (Trustee Firm)	\$810.00	\$810.00	\$810.00	\$0.00
Trustee Compensation	\$867.27	\$867.27	\$0.00	\$867.27
Accountant for Trustee Fees (Other Firm)	\$1,216.50	\$1,216.50	\$0.00	\$792.99
Trustee Expenses	\$974.45	\$974.45	\$0.00	\$974.45
5. U.S. Trustee Fees				
6. Other (list)				

<b>Totals</b>	<b>\$3,892.57</b>	<b>\$3,892.57</b>	<b>\$834.35</b>	<b>\$2,634.71</b>
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Priority Claims are listed in Schedule E   X    
There are no Priority Claims

SCHEDULE D  
SECURED CLAIMS

Case Name: **REGIONAL HOMECARE NETWORK, INC.**

Case Number: **99-11149**

<b>Claim No.</b>	<b>Claimant Name</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>	<b>Amount Disallowed</b>	<b>Previously Paid</b>	<b>Due</b>
1	MEDCAPITAL FUNDING I CORPORATION	\$717,981.20	\$0.00	\$717,981.20	\$0.00	\$0.00
7	JEFFERSON COUNTY	\$1,121.41	\$0.00	\$1,121.41	\$0.00	\$0.00
<b>TOTALS</b>		<b>\$719,102.61</b>	<b>\$0.00</b>	<b>\$719,102.61</b>	<b>\$0.00</b>	<b>\$0.00</b>

\* = Includes Interest in amount Due

SCHEDULE E

PRIORITY CLAIMS OTHER THAN ADMINISTRATIVE EXPENSES  
IN THE FOLLOWING ORDER OF PRIORITY

Case Name: **REGIONAL HOMECARE NETWORK, INC.**

Case Number: **99-11149**

<b>Priority Description</b>	<b>Claimant Name</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>	<b>Amount Paid</b>	<b>Due</b>
Priority: 507(a) 3 - Wage	SUSAN V. SEHLETT	\$937.26	\$937.26	\$0.00	\$0.00
Priority: 507(a) 4 - Benefit	SUSAN V. SEHLETT	\$937.26	\$0.00	\$0.00	\$0.00
Priority: 507(a) 8 - Taxes	INTERNAL REVENUE SERVICE	\$79.20	\$79.20	\$0.00	\$0.00
<b>TOTALS</b>		<b>\$1,953.72</b>	<b>\$1,016.46</b>	<b>\$0.00</b>	<b>\$0.00</b>

\*\*\*\*\*

Unsecured Total: \$1,554,955.57

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\* = Includes Interest in amount Due

# Eastern District of Texas Claims Register

## 99-11149 Regional Homecare Network, Inc.

Bankruptcy Judge Bill Parker

Debtor Name: REGIONAL HOMECARE NETWORK, I

<b>Claim No: 1</b>	Creditor Name: MedCapital Funding I Corporation 600 Six Flags Dr., No. 524 Arlington, TX 76011	Last Date to File Claims: 12/29/1999 Last Date to File (Govt): Filing Status: Allow Docket Status: Late:
Claim Date: 10/14/1999	Amends Claim No: 0 Amended By Claim No:	Duplicates Claim No: 0 Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$717981.20	<b>OBJECTION SUSTAINED CLAIM STRICKEN FROM DOCKET.</b>
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$717981.20</b>	
Description:		
Remarks: Converted from BANCAP.		

<b>Claim No: 2</b>	Creditor Name: Susan V. Sehlett 5555 New Territory Blvd., No. 6204 Sugarland, TX 77479	Last Date to File Claims: 12/29/1999 Last Date to File (Govt): Filing Status: Allow Docket Status: Late:
Claim Date: 08/17/1999	Amends Claim No: 0 Amended By Claim No:	Duplicates Claim No: 0 Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$937.26	
Admin	\$0.00	
<b>Total</b>	<b>\$937.26</b>	
Description:		
Remarks: Converted from BANCAP.		

	Creditor Name: Associates Capital Bank	Last Date to File Claims: 12/29/1999
--	--	---

<b>Claim No: 3</b>	dba Office Depot Credit Plan PO Box 7004 Sioux Falls, SD 57117	<i>Last Date to File (Govt):</i> <i>Filing Status:</i> Disallow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 08/23/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$2958.69	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$2958.69</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 4</b>	<i>Creditor Name:</i> Associates Capital Bank dba Office Depot Credit Plan PO Box 7004 Sioux Falls, SD 57117	<i>Last Date to File Claims:</i> 12/29/1999 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Disallow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 08/24/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$2766.19	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$2766.19</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 5</b>	<i>Creditor Name:</i> Mannings PO Box 18004 Beaumont, TX 77706	<i>Last Date to File Claims:</i> 12/29/1999 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 10/25/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$82.32	

Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$82.32</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 6</b>	<i>Creditor Name:</i> Susan V. Sehlett 5555 New Territory Blvd., No. 6204 Sugarland, TX 77479	<i>Last Date to File Claims:</i> 12/29/1999 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> Late:
<i>Claim Date:</i> 11/05/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$937.26	
Admin	\$0.00	
<b>Total</b>	<b>\$937.26</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

OBJECTED  
 Duplicate  
 of claim #2 -  
 STRICKEN FROM  
 DOCKET.

<b>Claim No: 7</b>	<i>Creditor Name:</i> Jefferson County c/o C.Mayfield, Linebarger Heard Goggan 1148 Park St Beaumont, TX 77701	<i>Last Date to File Claims:</i> 12/29/1999 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> Late:
<i>Claim Date:</i> 12/13/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$1121.41	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$1121.41</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

OBJECTED  
 SUSTAINED -  
 CLAIM STRICKEN  
 FROM DOCKET.

<b>Claim No: 8</b>	<i>Creditor Name:</i> DHHS, HCFA, Div. of Fin. Mgmt. & Program Initiatives Medicare Financial Management Brach 1301 Young Street, Room 833 Dallas, TX 75202	<i>Last Date to File Claims:</i> 12/29/1999 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Disallow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 02/16/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$1549148.37	
Admin	\$0.00	
<b>Total</b>	<b>\$1549148.37</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

### Claims Register Summary

**Case Name:** Regional Homecare Network, Inc.

**Case Number:** 1999-11149

**Chapter:** 7

**Date Filed:** 07/13/1999

**Total Number Of Claims:** 8

	<b>Total Amount Claimed</b>	<b>Total Amount Allowed</b>
<b>Unsecured</b>	\$5807.20	
<b>Secured</b>	\$719102.61	
<b>Priority</b>	\$0.00	
<b>Unknown</b>	\$1551022.89	
<b>Administrative</b>	\$0.00	
<b>Total</b>	<b>\$2275932.70</b>	

<b>PACER Service Center</b>			
<b>Transaction Receipt</b>			
02/19/2003 11:24:35			
<b>PACER Login:</b>	rb0382	<b>Client Code:</b>	
<b>Description:</b>	SearchClaims	<b>Case Number:</b>	99-11149
<b>Billable Pages:</b>	3	<b>Cost:</b>	0.21

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE Eastern District of Texas  
Beaumont Division**

**IN RE:**

**REGIONAL HOMECARE NE**

**DEBTOR**

§  
§  
§  
§  
§  
§

**CASE NO. 99-11149**

**CHAPTER 7**

**TRUSTEE'S REPORT OF PROPOSED FINAL DISTRIBUTION**

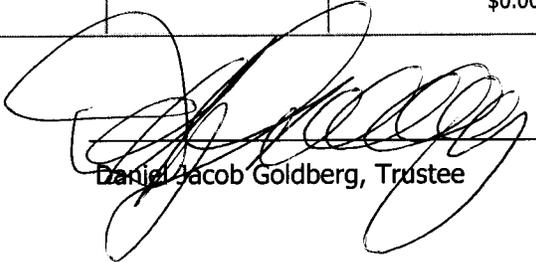
The undersigned Trustee of the bankruptcy estate hereby submits to the Court and to the United States Trustee this Report of Proposed Final Distribution.

1. Court has entered Orders which have become final, and which dispose of all objections to proofs of claim, all objections to the Trustee's Final Report, all applications for compensation, and all other matters which must be determined by the Court before final distribution can be made.

2. The Trustee proposes the following final distribution of the funds of the bankruptcy estate, and will make the distribution unless written objection thereto is filed with the Court and served upon the Trustee and upon The States Trustee.

1. Balance on Hand		\$2,634.71
2. Administrative Expenses to Be Paid Includes Trustee Fee & Expense	\$2,634.71	
3. Secured Claims To Be Paid	\$0.00	
4. Priority Claims To Be Paid	\$0.00	
5. Unsecured Claims To Be Paid	\$0.00	
6. Other Distributions To Be Paid	\$0.00	
7. Total Distributions To Be Made (Sum of Lines 2 through 6)		\$2,634.71
8. Zero Balance After All Distributions (Line 1 less Line 7)		\$0.00

\*See attached schedule of payees and amounts

  
Daniel Jacob Goldberg, Trustee

**PROPOSED CLAIM DISTRIBUTION REPORT**

Trustee Name: Daniel Jacob Goldberg  
 Case Number: 99-11149  
 Case Name: REGIONAL HOMECARE NETWORK, INC.  
 Claims Bar Date: 03/27/2000

Distribution Date: 02/19/2003  
 Distribution Amt: \$2634.71  
 Tax ID: 76-0519233  
 Date: 2/19/2003

Claim No	Creditor Name:	Claim Date:	Claim Class	Transaction Category	Proposed Distribution					
					Amount Allowed	Gross Amount	Deduction	Net Paid	Percentage	Interest
DANIEL JACOB GOLDBERG 2 Riverway, Suite 700 Houston TX 77056		03/25/2002	507(a) 1 -- 503(b) ADMINISTRATIVE -- TRUSTEE EXPENSES	2200-000	\$974.45	\$974.45	\$0.00	\$974.45	100.00%	\$0.00
DANIEL JACOB GOLDBERG 2 Riverway, Suite 700 Houston TX 77056		12/18/2002	507(a) 1 -- 503(b) ADMINISTRATIVE -- TRUSTEE COMPENSATION	2100-000	\$867.27	\$867.27	\$0.00	\$867.27	100.00%	\$0.00
Notes: Trustee Fee										
SMITH & HENAUULT, PC 5851 San Felipe, Suite 925 Houston TX 77057		11/04/2002	ACCOUNTANT COMPENSATION	3410-000	\$1216.50	\$792.99	\$0.00	\$792.99	65.19%	\$0.00
<b>TOTALS:</b>					\$3058.22	\$2634.71	\$0.00	\$2634.71		\$0.00

Notes: Pay Per Order Signed on 12/3/02 (Wait until TFR approved)

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION

IN RE: REGIONAL HOMECARE / BANKRUPTCY CASE: 99-11149  
NETWORK, INC. /  
/ CHAPTER 7

**NOTICE OF FILING OF FINAL REPORT OF TRUSTEE.  
APPLICATION FOR COMPENSATION AND PROPOSED DISTRIBUTIONS**

NOTICE IS GIVEN that the Trustee's Final Report and Account, report of Proposed Final Distribution and Applications for Compensation have been filed. These documents are available for public inspection at the office of the Bankruptcy Clerk, 200 E. Ferguson, Tyler, Texas 75702, or at the trustee's office whose name and address is as follows:

DAN GOLDBERG                      2 RIVERWAY, SUITE 700                      HOUSTON, TX 77056

The following Applications for Compensation have been filed:

<u>Applicants</u>	<u>Fees Requested</u>	<u>Expenses Requested</u>
<u>DAN GOLDBERG</u> Trustee	<u>867.27</u>	<u>974.45</u>
<u>Attorney for Trustee</u>	<u>                  </u>	<u>                  </u>
<u>U. S. Bankruptcy Court</u>	<u>0.00</u>	<u>                  </u>

The trustee's account shows:

<b>Total Receipts</b>	<b>Total Disbursements</b>	<b>Balance</b>
<u>\$ 3469.06</u>	<u>\$ 834.35</u>	<u>\$ 2634.71</u>

In addition to the commissions and fees that may be allowed by the Court, liens and priority claims which must be paid in advance of general creditors have been allowed in the total amount of \$ 1016.46 ; general unsecured claims have been allowed in the amount of \$ 1554955.57 .  
The debtor has/has not been discharged.

Written objections to the Final Report, Application for Compensation and/or proposed Distributions must be filed with the Clerk of the Court and served on the trustee at the above mentioned address within 30 days from the date of this notice. If no objections are filed, the Court may consider the Report and Applications without hearing. If objections are filed, a hearing will be held on \_\_\_\_\_

at \_\_\_\_\_ .

Date: \_\_\_\_\_

**JAMES D. TOKOPH**, Clerk of Court

By: \_\_\_\_\_  
Deputy Clerk