

COPY
PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

Indicate Debtor against which you assert a claim by checking the appropriate box below.

- Accredited Home Lenders Holding Co. - 09-11516
- Accredited Home Lenders, Inc. - 09-11517
- Hazura Insurance Services, Inc. - 09-11519
- Vendor Management Services, LLC - 09-11518
- d/b/a Hazura Settlement Services
- Windsor Management Co. - 09-11520
- d/b/a AHL Foreclosure Services

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

SIERRA, RICKY

Name and address where notices should be sent: Pack No: 17248 Name ID: 7978160

SIERRA, RICKY
ELANA LEVINE
KINGLSEY & KINGSLEY APC
16133 VENTURA BLVD STE 1200
ENCINO, CA 91436-0000
USA

Telephone No
Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number: _____
(if known)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone No.

Email Address:

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 91,662,677.11

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete items 5 and/or 6.

5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges

2. Basis for Claim: Class action complaint based on California Law
(See instruction #3a on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: not identified

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier - 11 U.S.C. § 507(a)(4).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

Amount entitled to priority:

\$ - 0 -

* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.

3a. Debtor may have scheduled account as: not identified
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:

Value of Property: \$ N/A Annual Interest Rate: N/A %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ N/A

Basis for Perfection: N/A

Amount of Secured Claim: \$ N/A Amount Unsecured: \$ N/A

6. Section 503(b)(9) Claim Amount: N/A

Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Section 503(b)(9) Claim Amount" above.

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 10-1-09
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Dorey as M. Nevada attorney for claimant

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 32

KURTZMAN CARSON CONSULTANTS

