## PROOF OF CLAIM RELATING TO WESTON LANDS LTD., BEING THE FORMER OWNER OF THE PROPERTY MUNICIPALLY KNOWN AS 355 WESTON ROAD, TORONTO, ONTARIO

(hereinafter referred to as "the Company")

PARTICULARS OF CR	EDITOR:
Full Legal Name of Credit	or:
, , ,	al name should be the name of the original Creditor of the g whether an assignment of a Claim, or a portion thereof, has
Full Mailing Address of th	e Creditor (the original Creditor not the assignee):
Telephone Number:	
-	
Telephone Number: E-Mail Address: Facsimile Number:	
E-Mail Address:	

Full Legal Name of Assignee(s):	
(If Claim (or a portion thereof) has be	een assigned, insert full legal name of assignee(s) of
Claim (or portion thereof). If there is a with the required information.)	more than one assignee, please attach a separate shee
Full Mailing Address of Assignee(s):	
Telephone Number of Assignee(s):	
E-Mail Address:	
Facsimile Number:	
Attention (Contact Person):	
PROOF OF CLAIM:	
I,	of the Creditor], of
(city and province)	do hereby certify:
(a) that I (check one)	
□am the Creditor of the Company; C	DR

□am	(state position or title) of
(name	e of Creditor)
(b)	that I have knowledge of all the circumstances connected with the Claim referred
	to below;
(c)	the Creditor asserts its claim against the Company; and
(d)	the Company was and still is indebted to the Creditor \$
	(Claims denominated in a currency other than Canadian dollars shall be converted
	by the Manager to Canadian Dollars at the Bank of Canada noon spot rate as at the
	Claims Bar Date.)
NAT	URE OF CLAIM
(chec	k and complete appropriate category)
□ A.	. UNSECURED CLAIM OF \$
That	in respect of this debt, I do not hold any security.
□ B.	SECURED CLAIM OF \$
That	in respect of this debt, I hold security valued at \$ particulars of which
are as	s follows:
(Give	e full particulars of the security, including the date on which the security was given
and th	ne value at which you assess the security, and attach a copy of the security documents.)

D.

-4-

**E.** PARTICULARS OF CLAIM:

Other than as already set out herein the particulars of the undersigned's total Claim are

attached.

(Provide all particulars of the Claim and supporting documentation, including amount,

description of transaction(s) or agreement(s) giving rise to the Claim, name of any

guarantor(s) which has guaranteed the Claim, date and amount of invoices, particulars of

all credits, discounts, etc. claimed, description of the security, if any, granted by the

Company to the Creditor and estimated value of such security.)

F. FILING OF CLAIM

This Proof of Claim must be received by the Manager by no later than 4:00 p.m. (Toronto

Time) on November 21, 2016, the Claims Bar Date, by prepaid ordinary mail, courier, personal

delivery or electronic or digital transmission at the following address:

Schonfeld Inc.

Court-appointed Manager of Weston Lands Ltd.

77 King Street West, Suite 3000, P.O. Box 95

TD Centre North Tower

Toronto, ON M5K 1G8

Attention: Stephanie Williams

Telephone: 416-862-7785, Extension 4

E-mail swilliams@schonfeldinc.com

Fax: 416-862-2136

FAILU	RE TO	FILE YO	UR PROO	F OF C	CLAIM AS I	DIRECT	ED BY T	HE CLAIM	S BAR
DATE	WILL	RESULT	IN YOU	R CLA	AIM BEING	BARR	ED AND	IN YOU I	BEING
PREVE	ENTED	FROM	MAKING	OR	ENFORCI	NG A	CLAIM	AGAINST	THE
COMP	ANY. I	n addition	, you shall	not be o	entitled to fu	ırther no	otice, and s	shall not be e	entitled
to parti	cipate a	s a credito	or, in these	procee	dings.				

Dated at	this day of _	, 2016.	
		Signature of Creditor	