

UNITED STATES BANKRUPTCY COURT Northern District of Texas PROOF OF CLAIM

Name of Debtor ERICKSON RETIREMENT COMMUNITIES, LLC Case Number 09-37010-SGJ

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) Otis Elevator Company RECEIVED NOV 09 2009 BMC GROUP

Name and address where payment should be sent (if different from above) Otis Elevator Company, et al, ATTN Treasury Services - T.Wiafe 3rd Fl 1 Farm Springs Farmington, CT 06032

1 Amount of Claim as of Date Case Filed: \$ 22,692.57 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

2. Basis for Claim: Elevator Service & Equip (See instruction #2 on reverse side) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:

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: \$ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection: Amount of Secured Claim: \$ Amount Unsecured: \$

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

Date: 10/21/2009 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 Thomas Wiafe, Mgr Treasury Svcs, North American Credit/Collections



Statement of Account

Today's Date 10/26/2009

To
ERICKSON RETIREMENT PROP

Customer No. 359606

% BROOKSBY VILLAGE MS 625
PO BOX 22000
CATONSVILLE
MD 21228

| Document No. | Transaction Date | Transaction Type | Amount | Payments/Adjustments | Amount Due |
|----------------|------------------|------------------|------------|----------------------|------------|
| NKB20189 001 | 10/21/2009 | Invoice | \$258 06 | \$0 00 | \$258 06 |
| NKB20193 001 | 10/21/2009 | Invoice | \$1,592 90 | \$0 00 | \$1,592 90 |
| NKB20052 001 | 09/30/2009 | Invoice | \$387 09 | \$0 00 | \$387 09 |
| NKB20038 001 | 09/23/2009 | Invoice | \$516 12 | \$0 00 | \$516 12 |
| NKB29905 001 | 09/23/2009 | Invoice | \$516 12 | \$0 00 | \$516 12 |
| NKB29612 001 | 08/05/2009 | Invoice | \$516 12 | \$0 00 | \$516 12 |
| NKB29614 001 | 08/05/2009 | Invoice | \$129 03 | \$0 00 | \$129 03 |
| NKB28340 001 | 02/11/2009 | Invoice | \$258 06 | \$0 00 | \$258 06 |
| NKB28355 001 | 02/11/2009 | Invoice | \$541 93 | \$0 00 | \$541 93 |
| NKB27823 001 | 12/03/2008 | Invoice | \$505 16 | \$0 00 | \$505 16 |
| * NKB24837 001 | 10/10/2007 | Invoice | \$724 95 | \$0 00 | \$724 95 |
| * NKB24838 001 | 10/10/2007 | Invoice | \$241 65 | \$0 00 | \$241 65 |

TOTAL \$6,187.19 \$0.00 \$6,187.19
Total Amount Due \$6,187.19

* INVOICE IN DISPUTE

OTIS

Statement of Account

Today's Date 10/26/2009

To
ERICKSON RETIREMENT COMMUNITIES

Customer No. 463182

PO BOX 310 MS 101
LINTHICUM
MD 21090

| Document No. | Transaction Date | Transaction Type | Amount | Payments/Adjustments | Amount Due |
|--------------|------------------|------------------|----------|----------------------|------------|
| TMK39562 001 | 10/07/2009 | Invoice | \$273 00 | \$0 00 | \$273 00 |
| TMK39513 001 | 09/23/2009 | Invoice | \$331 25 | \$0 00 | \$331 25 |

TOTAL \$604.25 \$0.00 \$604.25

Total Amount Due \$604.25

* INVOICE IN DISPUTE

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
OFFICE OF THE CLERK**



**ADDITIONAL EXHIBITS OR ATTACHMENTS
NOT SUBMITTED IN ELECTRONIC FORMAT**

Additional exhibits or attachments in reference to this document were filed, but not in electronic format. Pursuant to our Administrative Procedures for CM/ECF, this documentation will not be scanned into the Court's Electronic Filing System except as summarized or excerpted, unless the Court orders otherwise. The exhibits have been filed in conventional paper form. The party filing the exhibits shall service the exhibits on opposing counsel.

Northern District of Texas Claims Register

09-37010-sgj11 Erickson Retirement Communities, LLC

Judge: Stacey G. Jernigan

Chapter: 11

Office: Dallas

Last Date to file claims: 02/28/2010

Trustee:

Last Date to file (Govt):

| | | |
|---|---|---|
| <p><i>Creditor:</i> (12777566) Otis Elevator Company Attn: Treasury Services - T. Wiafe 3rd Floor 1 Farm Springs Farmington, CT 06032</p> | <p>Claim No: 6 <i>Original Filed</i> <i>Date:</i> 11/02/2009 <i>Original Entered</i> <i>Date:</i> 11/03/2009</p> | <p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Maldino, Mark <i>Modified:</i></p> |
| <p>Unsecured claimed: \$22692.57</p> <p>Total claimed: \$22692.57</p> | | |
| <p><i>History:</i></p> <p><u>Details</u> <u>6-1</u> 11/02/2009 Claim #6 filed by Otis Elevator Company, total amount claimed: \$22692.57 (Maldino, Mark)</p> | | |
| <p><i>Description:</i></p> | | |
| <p><i>Remarks:</i></p> | | |

Claims Register Summary