


UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)		PROOF OF CLAIM
Name of Debtor: <u>Erickson Retirement Communities LLC</u>		Case Number: <u>09-37010</u>
<small>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.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Valerie Ann Morris (formerly Krasowski)</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: <u>Valerie Ann Morris</u> <u>629 Stone mill Court Abingdon, MD 21009</u> Telephone number: <u>410-530-1564</u>		
Name and address where payment should be sent (if different from above): <div style="text-align: center;"> RECEIVED DEC 18 2009 BMC GROUP </div>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>1,963.15</u> <small>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.</small> <small>If all or part of your claim is entitled to priority, complete item 5.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: <u>\$ 1,963.15</u> <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <u>Severance payment - see attached documents</u> <small>(See instruction #2 on reverse side.)</small> <u>A-D</u>		
3. Last four digits of any number by which creditor identifies debtor: <u>5672</u> 3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a on reverse side.)</small>		
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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. 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 DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>12-15-09</u>	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. <u>Valerie Ann Morris</u>	
		FOR COURT USE ONLY Erickson Ret. Comm. LLC  00157

Exhibit A

Supporting documentation/calculation for Proof of Claim for **Severance Payment**

Name of Debtor: Erickson Retirement Communities LLC
Case Number: 09-37010

Name of Creditor: Valerie Ann Krasowski Morris
Address: 629 Stone Mill Court
Abingdon, MD 21009

Exhibits referenced in this documentation:

Exhibit B: Separation Agreement and Release

Exhibit C: Paycheck showing pay rate for calculation

Exhibit D (if any payment received): Paycheck/documentation showing total severance paid to me to date

Per Separation and Agreement Release (Exhibit B), per paragraph 3, first bullet point, I am due the following severance payment: 6 weeks. This is a significant and immediate hardship for over 90 employees. Furthermore, Erickson consistently assured employees with termination dates that severance payments were safe and protected from bankruptcy.

Calculation:

(Hourly Rate) x (40 hours per week) x (# of weeks of severance) = Total Severance Payout
24.5393 x 40 x 6 = 5889.45

(Total Severance Payout) - (Severance Received to Date) = Net Severance that is owed to me
5889.45 - 3926.30 = 1963.15

Calculation sources:

Hourly Rate from Paycheck (Exhibit C)

of weeks of severance from Separation Agreement (Exhibit B)

Severance Received to Date (if there has been any) from last severance check/documentation (Exhibit D)

Exhibit: B

TO: Valerie Krasowski
DATE: May 27, 2009
RE: Separation Agreement and Release

Erickson Retirement Communities, LLC ("Company") must regretfully initiate a reduction in force. This agreement (the "Agreement") sets forth the terms and conditions for your separation from employment.

1. You will be separated as of the close of business on September 1, 2009 (the "Effective Date"). You will remain an employee at-will through the Effective Date, subject to Erickson's normal rules and standards of conduct for employees. Your duties will be to assist with completion of specific projects and transitioning of your responsibilities. If you need time for job search or interviews, we will try to accommodate your schedule. You will receive a final paycheck for your wages, minus taxes and withholdings, through the Effective Date at your current 2009 salary level, on the next regular Erickson pay-date. Your current benefits package remains in effect through the end of September 2009 with the standard payroll deduction. You will also receive a check for any accrued, unused PTO hours, minus taxes and withholdings, you have as of the Effective Date on the next regular paydate after the Effective Date.

2. If you currently participate in our benefits plan, beginning October 1, 2009, you may elect to continue your current health benefits package under COBRA. If you make this election, you may be eligible for a subsidy of the cost of maintaining your COBRA benefits under a new federal law, the Americans Recovery and Reinvestment Act of 2009 ("ARRA"). Under ARRA, for a limited period, you would be responsible for paying 35% of the ordinary COBRA premium for your benefits. For that same period, Company would be responsible for paying 65% of the ordinary COBRA premium for your benefits. According to current information, this subsidy towards your COBRA premium is for a period of up to 9 months starting with your first month of COBRA eligibility and may be discontinued if you become eligible for other benefits in certain circumstances. Further details on your rights under COBRA are included in the information package with this Agreement. Your eligibility for this subsidy does not depend on signing this Agreement. However, if you do not sign the Agreement, you will need to make your payments directly to our third party COBRA benefits administrator.

3. If you sign this Agreement, we will also provide the benefits listed below. You will not be entitled to any other compensation, payments or benefits; however, this doesn't affect your vested retirement benefits nor any rights you have to continue your health insurance under COBRA.

- 6 weeks of separation pay at your current 2009 salary level, minus taxes, deductions, and withholdings. The separation pay will be made in bi-weekly payments in accordance with Company's regular pay dates. These payments will start on the first pay period following the Effective Date. However, if you accept another position with Company or another company which is managed by Company during the separation pay period, then your separation pay will end as of the start date for your new position.
- You will be eligible to participate in any group outplacement services offered by Company through its contractor(s) as part of the April 2009 reduction-in-force program.
- If you elect to continue your current health benefits package under COBRA, your eligibility for a potential subsidy of the cost under ARRA is discussed in Section 2 of this Agreement. In many cases, a 35% cost contribution would be higher than your normal monthly employee contribution to your benefits. If you sign this Agreement, then during the separation pay period, we agree that you will only be responsible for paying the lesser of: (i) your normal employee contribution towards your benefits, or (ii) 35% of the ordinary COBRA premium for your benefits. Your contribution will be deducted automatically from the separation pay. After separation pay is concluded, then you will be responsible for direct payments of the 35% cost portion if you are eligible for the subsidy or the full COBRA premium if you are not eligible or if your eligibility period has concluded.

- If you participate in Company's 401k plan, you remain vested in the employer's matching contributions towards your plan per the vesting schedule which is included in your separation packet. Per the terms of the plan, you cannot make any further contributions during the separation pay period.
- If you participate and are currently vested in Company's Growth Participation Plan (GPP) Units under the terms of the old 2005 plan and/ or the terms of the 2006 plan, your vesting remains the same as of the Effective Date. All payments of GPP value will be made per the terms of the plans and may be delayed or deferred per the terms of the plans.
- If you have an outstanding employee assistance loan, we will continue to deduct the amounts you agreed upon from your final paycheck and separation paychecks. If there is still an outstanding balance after the final paycheck or separation pay is ended, we will forgive the outstanding balance.
- If you have a current agreement for tuition reimbursement, we will continue the reimbursement per the terms of our tuition reimbursement policy for this current semester only.
- If you are uncertain about your participation or vesting level in the benefits or plans named above, you may contact the HR Representative at the number provided in your separation packet.

4. You agree to return promptly all of Company's property including, but not limited to, your ID card, keys, parking pass, laptop, blackberry/ phone, equipment, and any documents or files concerning residents, employees, services, software, and business information for Company, its managed retirement communities, their members, subsidiaries, or affiliates. You agree to be reasonably available for discussions with your Company about transitioning your work. You agree to submit any expenses which you believe are reimbursable business expenses to Company within 30 days from your separation date. Company will only reimburse business expenses that are timely, genuine and reasonable, and supported by documentation as determined by Company. If you wish to keep your company phone, you will be required to transfer the account to your name and will be responsible for all charges after the Effective Date. You agree to refrain from disclosing any of Company's trade secrets, business practices, proprietary information or confidential information which you acquired during the course of your employment with Company. You also agree to keep the terms and the existence of this Agreement confidential and not to disclose this Agreement to any other person or entity, except for your attorney, your tax advisor, or your spouse, as applicable, unless otherwise required by law.

5. You agree not to communicate any derogatory or defamatory information concerning Company, its managed retirement communities, including their directors, officers, and employees to any other person or entity. Company agrees not to condone its managers communicating any derogatory or defamatory information concerning you to any other person or entity. If Company becomes aware of such conduct, Company will make a prompt and good faith effort to stop same. Company also agrees that it will not contest your application for unemployment compensation benefits.

6. In consideration for the benefits listed in Sections 3, 4, and 5 of this Agreement, you hereby release Company, its managed retirement communities, their owners, members, directors, officers, employees, agents, insurers, employee benefit plans and fiduciaries/ administrators of such plans, and all related or affiliated persons or entities (collectively the "Released Parties") of and from any and all known and unknown liability, claims, causes, demands, attorneys fees, damages, and rights, including, but not limited to, any claims which you have or may have arising out of or related to your employment, including the separation of your employment. This waiver and release includes all rights and obligations under any federal, state, or local laws, regulations, ordinances, or common law, including but not limited to all employment discrimination laws such as Title VII of the Civil Rights Act of 1964, as amended, the Maryland Human Rights Act, the Family & Medical Leave Act, the Worker Adjustment and Retraining Notification Act ("WARN"), the Americans with Disabilities Act of 1990, Sections 1981 through 1988 of Title 42 of the United States Code, the Employee Retirement Income Security Act of 1974 ("ERISA"), and all other employment laws, claims for wrongful discharge, claims of unfair dealing, claims

in connection with any employment contract, and claims for personal injury, emotional distress, pain and suffering, compensatory or punitive damages.

7. You agree that you have not filed nor commenced any charges, complaints, claims, civil actions or other proceedings against the Released Parties in any federal, state, local or other agency, court, or tribunal. You agree not to seek or request damages in connection with any other claim, demand or charge against the Released Parties. This Agreement is not intended to interfere with any right you have to file a charge with any federal, state or local governmental agency, except that you agree that by entering into this Agreement, you waive any claim to recovery of any remedy beyond what is provided in this Agreement. You also agree that you have not been denied any leave requested under the Family and Medical Leave Act or any applicable state/ local leave laws. This paragraph does not preclude you from bringing an action to enforce the terms of this Agreement or to challenge the validity of this Agreement.

8. You agree that you had the opportunity to report to Company any violations of the Corporate Compliance Plan during your employment and you further agree that you have no knowledge of any violations of the Plan except as otherwise reported. You agree that your obligations under this Agreement are material obligations on which Company is reasonably relying. If you breach your obligations under this Agreement, Company may immediately suspend or terminate its own obligations under the Agreement, including but not limited to, its obligations to pay any and all compensation or other amounts listed in Section 3 of this Agreement or pursue an action to recover any such compensation paid or enforce performance of this Agreement.

9. This Agreement shall not be in any way construed as an admission by Company, its owners, members, directors, officers, employees, or agents of any liability, wrongdoing, discrimination, fault, or breach.

10. You have the right to consult with an attorney concerning this Agreement, if you believe that is appropriate. This offer will be held open for no more than 14 days from your separation date, which is listed in Section 1 of this Agreement. If you do not sign and return the Agreement within the 14 day period, the offer will automatically expire.

11. Your signature confirms that you are entering into this Agreement voluntarily, you understand all of its terms, and that you are not relying upon any other representations or agreements of Company except for those expressly set forth in this Agreement. Once signed, this Agreement will set forth the entire agreement between Company and you and supersedes any previous agreements or discussions concerning your employment or the termination thereof, except as expressly noted above. No changes in this Agreement will be valid unless in writing and signed by both parties. In the event that any one or more of the provisions of this Agreement other than the general release language in Section 6 shall for any reason be held to be invalid, illegal or unenforceable, the invalidity, illegality, or unenforceability shall not affect any other provision, and the Agreement shall be construed as though it had not contained the invalid, illegal, or unenforceable provision.

12. Any need for interpretation or enforcement of this Agreement will be in accordance with Maryland law, without regard to its conflict of laws provisions. Company and you agree that any action or proceeding relating to the enforcement of this Agreement will only be brought in the courts of Baltimore County, Maryland or in the U.S. District Court for the State of Maryland. Company and you further agree that any such action or proceeding will be heard without a jury or an advisory jury. You and Company waive your respective rights to bring any such action or proceeding in any other jurisdiction, or to have any such action or proceeding heard before a jury or an advisory jury.

PLEASE READ THIS AGREEMENT CAREFULLY. IT CONTAINS A RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS AS OF THE DATE OF THIS AGREEMENT. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND ARE VOLUNTARILY ENTERING INTO IT.

Witness:

Heaven Samuels

Valerie Krasowski
Employee Signature
Valerie Krasowski
Date: 6-19-09

Witness:

Heaven Samuels

Erickson Retirement Communities, LLC

Signed by: Lauren Hedger
Printed Name: Lauren Hedger
Date: 6/19/09

Exhibit: C

Emplid Co Dept 000197-000197
 034007 ERC/XDL 10380175

Erickson Retirement Communities, LLC
 701 Maiden Choice Lane
 Baltimore, MD 21228

Exemptions Addl Amt Addl %
 Fed: Single-02
 MD: Single,-01

Earnings Statement

Page 001 of 001
 Period Ending: 09/05/2009
 Advice Date: 09/11/2009
 Advice Number: 0000468996
 Batch Number: 000000002836

VALERIE A KRASOWSKI
 629 Stone Mill Cr
 Abingdon, MD 21009

Earnings	Rate	Hours	This Period	Year-to-Date
PTO	24.5393	103.60	2542.27	4701.70
Holiday	0.0000	0.00	0.00	981.55
Regular Pay	0.0000	0.00	0.00	33373.40

Deductions	This Period	Year-to-Date
*401(k)	0.00	1217.15
*Medical	0.00	571.71
*Dental	0.00	296.21
*FSA Medical	0.00	453.09

Gross Pay	103.60	2542.27	39056.65
Tot PTO	0.00	0.00	
Tot NON PTO	103.60	2542.27	

Total	0.00	2538.16
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*Excluded from Federal Taxable Wages

** Imputed Income - Group Term Life

Tax Deductions

Fed Withholdng	378.53	4147.83
Fed MED/EE	36.87	547.17
Fed OASDI/EE	157.62	2339.61
MD Withholdng	183.87	2552.71

Leave Summary Balance

PTO	0.01
ELB	126.48

Message

Direct Deposit Summary

Trans Type	Account	Amount
Deposit Che	XXXXX6942	1,785.38
Net Check		0.00

Total	756.89	9587.32
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Net Pay	1785.38	26931.17
Fed Taxable Wages	2542.27	36518.49

All Rights Reserved

Exhibit: D

Emplid Co Dept 000194-000194
034007 ERC/XDL 10380175

Earnings Statement

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Page 001 of 001
Period Ending: 09/19/2009
Advice Date: 09/25/2009
Advice Number: 0000476841
Batch Number: 00000002878

Exemptions Addl Amt Addl %
Fed: Single-02
MD: Single,-01

VALERIE A KRASOWSKI
629 Stone Mill Cr
Abingdon, MD 21009

Earnings	Rate	Hours	This Period	Year-to-Date
Severance Wa	24.5393	0.00	1963.15	1963.15
Holiday	0.0000	0.00	0.00	981.55
Regular Pay	0.0000	0.00	0.00	33373.40
PTO	0.0000	0.00	0.00	4701.70

Deductions	This Period	Year-to-Date
*Medical	30.09	601.80
*Dental	15.59	311.80
*FSA Medical	23.84	476.93
*401(k)	0.00	1217.15

Gross Pay	0.00	1963.15	41019.80
tot PROD	0.00	0.00	
tot NON PROD	0.00	1963.15	

Total	69.52	2607.68
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Tax Deductions

Fed Withholdng	216.37	4364.20
Fed MED/EE	27.45	574.62
Fed OASDI/EE	117.40	2457.01
MD Withholdng	132.95	2685.66

*Excluded from Federal Taxable Wages

** Imputed Income - Group Term Life

Leave Summary

	Balance
PTO	0.01
ELB	126.48

Message

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXX6942	1,399.46
Net Check			0.00

Total	494.17	10081.49
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Net Pay	1399.46	28330.63
Fed Taxable Wages	1893.63	38412.12

Exhibit: D

Emplid Co Dept 000190-000190
 034007 ERC/XDL 10380175

Earnings Statement

Erickson Retirement Communities, LLC
 701 Maiden Choice Lane
 Baltimore, MD 21228

Page 001 of 001
 Period Ending: 10/03/2009
 Advice Date: 10/09/2009
 Advice Number: 0000484646
 Batch Number: 000000002920

Exemptions Addl Amt Addl %
 Fed: Single-02
 MD: Single,-01

VALERIE A KRASOWSKI
 629 Stone Mill Cr
 Abingdon, MD 21009

Earnings	Rate	Hours	This Period	Year-to-Date
Severence Wa	24.5393	0.00	1963.15	3926.30
Holiday	0.0000	0.00	0.00	981.55
Regular Pay	0.0000	0.00	0.00	33373.40
PTO	0.0000	0.00	0.00	4701.70

Deductions	This Period	Year-to-Date
*Medical	30.09	631.89
*Dental	5.17	316.97
*401(k)	0.00	1217.15
*FSA Medical	0.00	476.93

Gross Pay	0.00	1963.15	42982.95
Tot PROD	0.00	0.00	
Tot NON PROD	0.00	1963.15	

Total	35.26	2642.94
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Tax Deductions

Fed Withholdng	224.93	4589.13
Fed MED/EE	27.96	602.58
Fed OASDI/EE	119.53	2576.54
MD Withholdng	135.64	2821.30

*Excluded from Federal Taxable Wages

** Imputed Income - Group Term Life

Leave Summary Balance

PTO	0.01
ELB	126.48

Message

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXX6942	1,419.83
Net Check			0.00

Total	508.06	10589.55
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Net Pay	1419.83	29750.46
Fed Taxable Wages	1927.89	40340.01