

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 09-37010

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):

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

Name and address where notices should be sent:

20835747900221
PERRY, MARY BETH
2224 MONOCACY ROAD
BALTIMORE, MD 21221

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s2003
AMOUNT/CLASSIFICATION
\$35,202.62 UNSECURED

Court Claim Number: (If known)

Filed on:

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

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.

Telephone number: 443-324-4342

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

1. Amount of Claim as of Date Case Filed: \$ 35,202.62

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 item 5.

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.

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

2. Basis for Claim: SERVICES PERFORMED - SEWERANCE

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).

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

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

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

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:

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:

\$

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.

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

If the documents are not available, please explain:

*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.

Date: 12/28/09

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.

Mary Beth Perry

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00216

In re **Erickson Retirement Communities, LLC**

Case No. **09-37010**

Debtor

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR		CONTINGENT		
	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	UNLIQUIDATED		
			DISPUTED	AMOUNT OF CLAIM	
Vendor No. PEREIRA, MARY ANN 258 STONEHURST BLVD FREEHOLD, NJ 07728	s1951			EMPLOYEE PAYABLE SEVERANCE PAYOUT	\$5,617.95
Vendor No. PEREIRA, MARY ANN 258 STONEHURST BLVD FREEHOLD, NJ 07728	s3558			EMPLOYEE BENEFIT PLAN GPP	\$1,750.00
Vendor No. PERRY, JANICE 6845 MOUNT VISTA RD KINGSVILLE, MD 21087	s2683			EMPLOYEE BENEFIT PLAN GPP	\$36,043.50
Vendor No. PERRY, KIMBERLY 18328 WINTERSET DR SOUTHFIELD, MI 48076	s2695			EMPLOYEE BENEFIT PLAN GPP	\$34,793.50
Vendor No. PERRY, MARY BETH 2224 MONOCACY ROAD BALTIMORE, MD 21221	s2003			EMPLOYEE PAYABLE SEVERANCE PAYOUT	\$35,202.62
Vendor No. PERRY, MARY BETH 2224 MONOCACY ROAD BALTIMORE, MD 21221	s2650			EMPLOYEE BENEFIT PLAN GPP	\$40,089.15
Vendor No. PERSONDEK, ALVIN 2515 E OLIVE ST APT 1K ARLINGTON HEIGHTS, IL 60004	s3147			EMPLOYEE BENEFIT PLAN GPP	\$6,771.75
Vendor No. PETERSON, ELAINE 5142 DRIFTWOOD COURT COLUMBIA, MD 21044	s2669			EMPLOYEE BENEFIT PLAN GPP	\$36,963.30
Vendor No. PETETTI, HILLARY 11 HERITAGE DRIVE HOWELL, NJ 07731	s3251			EMPLOYEE BENEFIT PLAN GPP	\$6,000.00