

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:

20835747006304
PERRY, MARY BETH
2224 MONOCACY ROAD
BALTIMORE, MD 21221

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s2650
AMOUNT/CLASSIFICATION
\$40,089.15 UNSECURED

Court Claim Number:
(If known)

Filed on:

RECEIVED

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

JAN 04 2010
BMC GROUP

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.

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

Telephone number:

443-324-4342

1. Amount of Claim as of Date Case Filed: \$ 40,089.15

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).

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).

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:

\$

*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.

2. Basis for Claim: Services Performed

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

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.

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

If the documents are not available, please explain:

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



00226

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