

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

PROOF OF CLAIM

Name of Debtor:
Erickson Retirement Communities, LLC et al.


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):
Williams Mullen

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

Name and address where notices should be sent:

 20835749008506
WILLIAMS MULLEN
PAUL S BLILEY JR ESQ
PO BOX 1320
RICHMOND, VA 23218-1320

RECEIVED
JAN 08 2010
BMC GROUP

Court Claim Number: _____
(If known)

Filed on: 11/12/09

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:

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

1. Amount of Claim as of Date Case Filed: \$ 9,164.00

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: Legal fees
(See instruction #2 on reverse side.)

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: _____
(See instruction #3a on reverse side.)

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.

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.

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.

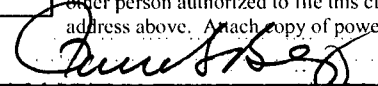
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing 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:
1/5/10

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.


Paul S. Bliley, Jr., Attorney and Agent

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00317

123757.0004 ERICKSON RETIREMENT COMMON Und Fees: 1705.00
 LEGISLATIVE - POST MAY 1, 1998 Und Disb: .00
 Last Bill: 10/12/2009 A/R Fees: .00
 Trust Bal: 25307.85 A/R Disb: .00
 Credit Bal: .00 A/R Ochr: .00
 TOTALS 1705.00

123757.0007 ERICKSON RETIREMENT COMMON Und Fees: .00
 REGULATION ISSUE Und Disb: .00
 Last Bill: 11/18/2009 A/R Fees: .00
 Trust Bal: .00 A/R Disb: .00
 Credit Bal: .00 A/R Ochr: .00
 TOTALS 7459.00

***Total for : 023757 ERICKSON RETIREMEN Und Fees: 1705.00
 Und Disb: .00
 Last Bill: 11/18/2009 A/R Fees: .00
 Trust Bal: 25307.85 A/R Disb: .00
 Credit Bal: .00 A/R Ochr: .00
 TOTALS 1705.00

2863.00
 4596.00
 7459.00
 4568.00
 4596.00
 9164.00



WILLIAMS MULLEN

Direct Dial: 804.783.6448
pbliley@williamsmullen.com

January 5, 2010

BMC Group, Inc.
Attn: Erickson Retirement Communities, LLC
Claims Processing
P.O. Box 3020
Chanhasen, MN 55317-3020

RE: Erickson Retirement Communities, LLC
Bankruptcy Case No. 09-37010-sgj11

Gentlemen:

Enclosed please find an original and one copy of a Proof of Claim filed in the above-referenced bankruptcy filed on behalf of Williams Mullen. Please stamped the copy as "Filed" and return it to me in the enclosed envelope.

Thank you for your assistance.

Sincerely,

Paul S. Bliley, Jr.

PSBjr/hlp

Enclosure

7241158_1.DOC

A Professional Corporation

NORTH CAROLINA • VIRGINIA • WASHINGTON, D.C. • LONDON

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