

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):

Alyson Rubin

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

Name and address where notices should be sent:

RUBIN, ALYSON
2722 PRIMROSE LANE
YORK, PA 17402

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s2006
AMOUNT/CLASSIFICATION
\$9,536.94 UNSECURED

Court Claim Number: (If known)

Filed on:

RECEIVED

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

JAN 11 2010
BMC GROUP

Telephone number: (717) 801-1713

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.

1. Amount of Claim as of Date Case Filed: \$ 9536.94

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:

\$ 9536.94

\*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: Wages

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: 1/4/10

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.

Alyson Rubin

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00326

# Earnings Statement

Erickson Retirement Communities, LLC  
991 Corporate Blvd  
Linthicum, MD 21090

Page 001 of 001  
Period Ending: 03/07/2009  
Advice Date: 03/13/2009  
Advice Number: 0000364378  
Batch Number: 000000002275

Exemptions Addl Amt Addl %  
Fed: Married-01  
PA: Not app-00

ALYSON H. RUBIN  
2722 Primrose Lane  
York, PA 17402

Earnings	Rate	Hours	This Period	Year-to-Date
PTO	29.8029	8.00	238.42	2861.07
Regular Pay	29.8029	72.00	2145.81	10729.06
Holiday	0.0000	0.00	0.00	715.26

Deductions	This Period	Year-to-Date
*Medical	172.51	1035.06
*Dental	13.26	78.69
*AD&D	2.54	15.24
*401(k)	440.00	2580.00
*FSA Medical	57.69	346.14
Short Term Disabi	32.62	195.72

Gross Pay	80.00	2384.23	14305.39
Tot PROD	72.00	2145.81	
Tot NON PROD	8.00	238.42	

Total	718.62	4250.85
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### Tax Deductions

Fed Withholdng	126.08	919.46
Fed MED/EE	31.01	186.04
Fed OASDI/EE	132.57	795.48
PA Withholdng	65.64	393.87

\*Excluded from Federal Taxable Wages  
\*\* Imputed Income - Group Term Life

Leave Summary	Balance
PTO	51.22
ELB	265.43

**Message**

Total	355.30	2294.85
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### Direct Deposit Summary

Trans Type	Account	Amount
Deposit Sav	XXXX3195	1,310.31
Net Check		0.00

Net Pay	1310.31	7759.69
Fed Taxable Wages	1698.23	10250.26

Erickson Retirement Communities, LLC  
991 Corporate Blvd  
Linthicum, MD 21090

Advice Number: 0000364378

Advice Date: 03/13/2009

Deposited to the account of  
ALYSON H. RUBIN

Savings Account Number  
XXXX3195

Transit ABA  
651176110

Amount  
1310.31

VOID

THIS IS NOT A CHECK

NON-NEGOTIABLE