

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:

20835747002608
KIGHT, KELLY S
16 ELM DRIVE
BALTIMORE, MD 21220

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s3014
AMOUNT/CLASSIFICATION
\$13,543.50 UNSECURED

Court Claim Number:
(If known)

Filed on:

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

RECEIVED
JAN 15 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.

Telephone number: 410.574.8773

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

1. Amount of Claim as of Date Case Filed: \$ 13,543.50

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.

2. Basis for Claim: GPP EMPLOYEE BENEFIT PLAN
(See instruction #2 on reverse side.)

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

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

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).

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.

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. 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:

*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: 1/7/10

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.

FOR COURT USE ONLY

Kelly S. Kight KELLY S. KIGHT

Erickson Ret. Comm. LLC



00496

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: 0000484644
Batch Number: 000000002920

Exemptions Addl Amt Addl %
Fed: Married-05
MD: Not app-02

KELLY S. KIGHT
16 Elm Drive
Baltimore, MD 21220

Earnings	Rate	Hours	This Period	Year-to-Date
Regular Pay	27.0102	64.00	1728.66	38462.61
PTO	27.0102	16.00	432.16	5618.10
Holiday	0.0000	0.00	0.00	1296.48

Deductions	This Period	Year-to-Date
*Medical	198.83	4175.43
*Dental	21.07	441.09
*401(k)	151.26	3176.46
Short Term Disabi	29.56	620.76

Gross Pay	80.00	2160.82	45377.19
Tot PROD	64.00	1728.66	
Tot NON PROD	16.00	432.16	

Total	400.72	8413.74
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Tax Deductions

Fed Withholdng	55.56	1763.07
Fed MED/EE	28.14	591.03
Fed OASDI/EE	120.34	2527.16
MD Withholdng	111.46	2340.76

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

Leave Summary	Balance
PTO	61.35
ELB	214.90

Message

Total	315.50	7222.02
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Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Sav	XXXXX5300	220.00
Deposit	Sav	XXXXXXXX5824	75.00
Deposit	Che	XXXXXXXX5801	1,149.60
Net Check			0.00
Net Pay			1444.60
Fed Taxable Wages			1789.66
			37584.21

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

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

Advice Number: 0000484644

Advice Date: 10/09/2009

Deposited to the account of
KELLY S. KIGHT

	Account Number	Transit	ABA	Amount
Savings	XXXXX5300	252676235		220.00
Savings	XXXXXXXX5824	252070752		75.00
Checking	XXXXXXXX5801	252070752		1149.60

THIS IS NOT A CHECK

NON-NEGOTIABLE