


UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)	PROOF OF CLAIM
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Name of Debtor: Erickson Retirement Communities, LLC	Case Number: 09-37010
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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): Name and address where notices should be sent:  20835747005628 WILSON ONDARA MENES LAW FIRM 1140 EMPIRE CENTRAL DRIVE DALLAS, TX 75247	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
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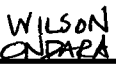
Name and address where payment should be sent (if different from above): Telephone number:	<div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 24px; margin: 0;">JAN 22 2010</p> <p style="font-size: 24px; margin: 0;">BMC GROUP</p> </div>	<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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1. Amount of Claim as of Date Case Filed: \$ <u>60,000.00 +</u> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(___). Amount entitled to priority: \$ _____
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2. Basis for Claim: <u>Job Discrimination</u> (See instruction #2 on reverse side.) 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.)	*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.
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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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____	*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.
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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:	FOR COURT USE ONLY Erickson Ret. Comm. LLC  00559
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Date: <u>1/14/10</u>	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.  N. JUDE MENES, ATTORNEY FOR ONDARA	WILSON 
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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

WILSON N. ONDARA,
PLAINTIFF,

vs.

ERIKSON RETIREMENT COMMUNITY,
et al.,
DEFENDANT

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CIVIL ACTION No: 3:08-CV-01360-N-BF

SUMMARY

Creditor Wilson N. Ondara is the Plaintiff in the above entitled case and alleges that the Debtor Defendant discriminated against him on the basis of his race and national origin as well as retaliated against him for making complaints regarding discrimination.

MENES ♦ LAW ♦ FIRM
THE PROBLEM-SOLVING LAWYERS

One Empire Building, Suite 330
1140 Empire Central Drive
Dallas, Texas 75247

Direct Dial: 214-631-2751
Facsimile: 214-631-2753
menesj@meneslawfirm.com

January 14, 2010

Via Certified Mail: 70042510000026041217

BMC Group Inc
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Via Regular Mail

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

Re: *In Re: Erickson Retirement Community, et al*
Cause No. 09-37010-sg11; In the U.S. Bankruptcy Court, N.D. Texas

Dear Sirs:

Enclosed you will find proof of claim being submitted on behalf of our client, Wilson Ondara. A self-addressed envelope is enclosed so that you may return a file-stamped copy of the proof of claim to us. Thanks

Very truly yours,


N. Jude Menes, Esq.