

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

Name of Debtor: Erickson Retirement Communities, LLC Case Number: 09-37010 - 55j 11

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): DANNY SUMNER
Name and address where notices should be sent: SUMNER, DANNY 2034 JENNINGS ST WOODBRIDGE, VA 22191
YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s2920 AMOUNT/CLASSIFICATION \$17,679.15 UNSECURED
RECEIVED
Court Claim Number:
Filed on:

Name and address where payment should be sent (if different from above): JAN 25 2010 BMC GROUP
Telephone number: 703 670-2749 or 703-602-2690

1. Amount of Claim as of Date Case Filed: \$ 17,679.15
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.

2. Basis for Claim: EQUITY UNITS
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
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: \$

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: \$ 17,679.15
*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.

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: 01/29/10
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.
Erickson Ret. Comm. LLC

Senior Campus Living Holdings, L.L.C.

Growth Participation Plan

Certificate for

100 UNITS at the strike price of \$416.00

In The Growth Participation Plan Of
Senior Campus Living Holdings, L.L.C.

Granted To


Danny Sumner

This certificate represents your right to the amount of Equity Units indicated above under the Senior Campus Living Holdings, L.L.C. Growth Participation Plan (the Plan).

The designated holder of these Equity Units is entitled to all the rights, opportunities, values, and benefits of future financial growth of the Company as specified in the Plan.

These Equity Units are granted in consideration of the holder's future contributions to corporate strategies and the holder's productive delivery of services that form the foundation of the Company's growth.

These Equity Units may be transferred and redeemed only in accordance with the Plan and are otherwise fully subject to the provisions of the Plan.


John D. Erickson
Chairman

Date

12/31/00



Dear Danny Sumner:

As you are now aware, big changes are ahead for the Growth Participation Plan (GPP). As we prepare for the new vision of the Plan, we prepare for the payout of the existing unit grant values.

With the establishment of the new unit value of \$1201.74, your total unit grant(s) is now worth \$70716.6. As announced, we will begin to pay out your unit grant in the existing plan over a four year period starting on May 18. The initial installment on your payout is \$17679.15. The remaining unit grant will earn interest at a rate of 9% until the final installment, scheduled to be paid in 2009.

As a vested employee, the payout will be sent to you as ordinary payroll checks are. One difference is that this will be a live check, even if your regular paycheck is normally deposited directly with your bank.

If you have any questions about your vesting date or the value of your unit grant, please contact your Human Resources department.

All funds paid out of the GPP are paid as ordinary earnings and will be taxed accordingly. We will be providing financial planning resources to help you plan how to invest the proceeds of the GPP. We will forward additional information in the coming weeks. Please remember that you have an hour of time with a financial advisor available through the Employee Help Line. Just call 1-888-300-0431 to arrange an appointment.

If you have any other questions regarding the GPP, please contact your Human Resources Department.

Sincerely,

The Plan Administrators



ERICKSON RETIREMENT COMMUNITIES, LLC
ERICKSON RETIREMENT COMMUNITIES, LLC DEF COMP & GPP PLANS
From 4/01/04 to 6/30/04

This statement is prepared for **DANNY SUMNER** based on the data provided to the plan administrator. Please refer any questions that you may have regarding this statement to the plan administrator.

<u>Participant Accounts</u>	<u>Allocation Percent</u>	<u>Beginning Balance</u>	<u>Contributions & Forfeitures</u>	<u>Gains / Losses</u>	<u>Transfers</u>	<u>Distributions</u>	<u>Ending Balance</u>	<u>Vested Balance</u>
Employer Discretionary								
GPP Fid Adv Short Fixed-Income	100.00	\$ 3,595.01	\$ 1,000.00 (\$	64.01)	\$ 0.00 (\$	4,531.00)	\$ 0.00	\$ 0.00
Total Employer Discretionary		\$ 3,595.01	\$ 1,000.00 (\$	64.01)	\$ 0.00 (\$	4,531.00)	\$ 0.00	\$ 0.00
Total Account Balances		\$ 3,595.01	\$ 1,000.00 (\$	64.01)	\$ 0.00 (\$	4,531.00)	\$ 0.00	\$ 0.00

You are not vested in your accounts. You or your beneficiary will receive the total account balance shown on this statement in the event of your death or disability. You will receive the vested account balance shown on this statement in the event of your termination of employment for reasons other than disability or retirement.

**ERICKSON RETIREMENT COMMUNITIES, LLC
ERICKSON RETIREMENT COMMUNITIES, LLC DEF COMP & GPP PLANS
From 1/01/02 to 3/31/02**

This statement is prepared for DANNY SUMNER based on the data provided to the plan administrator. Please refer any questions that you may have regarding this statement to the plan administrator.

<u>Participant Accounts</u>	<u>Allocation Percent</u>	<u>Beginning Balance</u>	<u>Contributions & Forfeitures</u>	<u>Gains / Losses</u>	<u>Transfers</u>	<u>Distributions</u>	<u>Ending Balance</u>	<u>Vested Balance</u>
<u>GPP Plan</u>								
GPP Fid Adv Short Fixed-Income	0.00%	\$ 0.00	\$ 2,300.00	\$ 3.98	\$ 0.00	\$ 0.00	\$ 2,303.98	\$ 0.00
Total GPP Plan		\$ 0.00	\$ 2,300.00	\$ 3.98	\$ 0.00	\$ 0.00	\$ 2,303.98	\$ 0.00
Total Account Balances		\$ 0.00	\$ 2,300.00	\$ 3.98	\$ 0.00	\$ 0.00	\$ 2,303.98	\$ 0.00

You are not vested in your accounts. You or your beneficiary will receive the vested account balance shown on this statement in the event of your death or disability upon the date you elected to receive.

You will receive the vested account balance shown on this statement in the event of your termination of employment for reasons other than disability or retirement upon the date you elected to receive.