

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:

 20835747001997
WINDSOR, MARY
521 MARLEY NECK BLVD
GLEN BURNIE, MD 21060

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s3523 
AMOUNT/CLASSIFICATION
\$30,339.15 UNSECURED

Court Claim Number: _____
(If known)

Filed on: _____

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

RECEIVED
JAN 25 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.

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

Telephone number: **410-863-8877**

1. Amount of Claim as of Date Case Filed: **\$ 30,339.15**

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.

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:

\$ _____

*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: **services - benefit plan**
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: **3395 N/A**

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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: \$ _____

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: **1/16/10**

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.

Mary Windsor

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00596

In re **Erickson Retirement Communities, LLC**

Case No. **09-37010**

Debtor

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR		CONTINGENT	
	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	UNLIQUIDATED	
			DISPUTED	AMOUNT OF CLAIM
Vendor No. 101-574792 s769 WIND CREST BENEVOLENT CARE FUND 3235 MILL VISTA ROAD HIGHLANDS RANCH, CO 80129		GOODS, SERVICES, TRADE		\$5,000.00
Vendor No. 101-856440 s899 WIND CREST SCHOLERS FUND 3235 MILL VISTA ROAD HIGHLANDS RANCH, CO 80129		GOODS, SERVICES, TRADE		\$5,000.00
Vendor No. s2379 WIND CREST, INC. 3235 MILL VISTA ROAD HIGHLANDS RANCH, CO 80129		INTERCOMPANY DUE INTERCOMPANY DUE FROM WIND CREST, INC.		\$53,543.91
Vendor No. s3523 WINDSOR, MARY 521 MARLEY NECK BLVD GLEN BURNIE, MD 21060		EMPLOYEE BENEFIT PLAN GPP		\$30,339.15
Vendor No. 101-633991 s806 WINDSTREAM PO BOX 9001908 LOUISVILLE, KY 40290-1908		GOODS, SERVICES, TRADE		\$571.83
Vendor No. s3049 WINGARDNER, JAMES 45 BATCHELDER RD BOXFORD, MA 01921		EMPLOYEE BENEFIT PLAN GPP		\$13,125.00
Vendor No. s3092 WOHEAD, ROBERT PO BOX 126 MENTONE, IN 46539		EMPLOYEE BENEFIT PLAN GPP		\$9,771.75
Vendor No. s3078 WOLFF, BETH 2502 DORVAL RD WILMINGTON, DE 19810		EMPLOYEE BENEFIT PLAN GPP		\$12,000.00
Vendor No. s3126 WONG, CATHERINA 9901 BASS FIN COURT CLINTON, MD 20735		EMPLOYEE BENEFIT PLAN GPP		\$8,646.75