

<b>UNITED STATES BANKRUPTCY COURT</b> Northern District of Texas (Dallas Division)		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Erickson Retirement Communities, LLC</b>		Case Number: <b>09-37010</b>
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):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  20835747007660                      JILLSON, KATHLEEN                      11 SILKTREE COURT                      CATONSVILLE, MD 21228                 </div> <div style="width: 45%; border-left: 1px solid black; padding-left: 5px;"> <b>YOUR CLAIM IS SCHEDULED AS:</b>                      Schedule/Claim ID: s2659  <b>AMOUNT/CLASSIFICATION</b>                      \$39,043.50 UNSECURED                 </div> </div>		
Name and address where payment should be sent (if different from above):  Telephone number: <b>410. 744. 2436</b>		<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.
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>RECEIVED</b>   <b>JAN 28 2010</b>   <b>BMC GROUP</b> </div>		
1. Amount of Claim as of Date Case Filed:      \$ <u>39,043.50</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: \$ _____  *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: <u>Services Performed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3375</u>  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: <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: \$ _____		
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: <b>1/24/2010</b>	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.  <div style="text-align: center; font-family: cursive;"> </div>	
		FOR COURT USE ONLY Erickson Ret. Comm. LLC  00618



June 15, 2007  
Kathleen A Jillson  
CORP

Dear Kathleen,

As you are aware, the Growth Participation Plan (GPP) has undergone significant changes over the past year. We have now completed all of the necessary updates to the Plan document and collateral materials, and we are able to provide information on your personal position in the plan.

**New Plan Information:**

As we announced last year, we have converted the GPP from a long-term deferred compensation plan to a more current annual profit sharing arrangement. To that end, we enclose the amended GPP Plan Document along with an overview of the changes made to the plan and your grant of units. These changes are consistent with the communication received last year.

As an existing participant in the original Plan structure, you are eligible to receive the total New Participation Unit grant associated with your position in the new Plan. The total unit grant is 200 units. This grant will be issued in four installments of 50 units each over a four year period. The installments are similar to "rolling" options, and each will have a four year growth cycle. Any value that has accumulated over the four years for the installment will be paid per the terms of the restated Plan document.

Additionally, due to your promotion in 2005, you became eligible for an additional unit grant of 200 units. This grant will also be issued in four installments, with each equal to 50 units. The installments may accumulate value as stated above.

The first installment of the New Participation Units for both your previous and new positions was granted in 2006 and is deemed to have increased in value \$100 per New Participation Unit.

The grant issuances are evidenced by this letter. We will not be issuing separate certificates.

**Original Plan Balance:**

In addition to new grants under the amended plan, we are in the second year of paying out your balance accrued under the original GPP through December 31, 2005. As was discussed at the annual meeting, we are a growth company and continue to utilize our capital to start new campuses (Tall Grass Creek in Kansas City and Ashby Ponds in Virginia) in addition to supporting existing communities. We are completing the refinancing of our capital in multiple campuses and will be positioned to both fund the second installment by the end of July as well as starting our 20<sup>th</sup> community, Hickory Chase, in Ohio this fall.

Kathleen Jillson  
Page 2

Your balance in the original plan was fixed in 2006, with one quarter paid last year. The remaining balance is earning 9% and the second payment is targeted to be paid by the end of July. Your balance is \$45,130.50 and the targeted 2007 installment, plus interest, is \$15,043.50. If you are not yet vested, the installment will be directed to the account at PenCal. As a reminder, the original Plan vesting remains at 5 years of service.

We will update you on this schedule as we progress through the summer. Thanks for all your support and commitment.

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

Sincerely,

The Plan Administrators

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TO: Kathleen Jillson  
FROM: Richard A. Powell  
DATE: November 15, 2007  
RE: Separation Agreement and Release

This memorandum will confirm the agreement concerning your separation from employment with Erickson Retirement Communities, LLC ("Erickson") and sets forth the terms and conditions of the agreement.

1. The records of Erickson will reflect that your position was eliminated, effective November 30, 2007 although you are not required to report to work after November 15<sup>th</sup>. You will receive a paycheck for your regular wages through November 30, 2007 on the normal pay-date for Erickson and you will receive a check for your accrued PTO hours, if any, on the normal paydate for Erickson. Applicable taxes and withholdings will be deducted from these checks.

2. In addition, Erickson will provide the items listed in this Section 2. You will not be entitled to any other or further compensation, remuneration, payments or benefits of any kind; however, nothing in this paragraph is intended to divest you of any retirement benefit in which you have a vested right, nor is it intended to affect any rights and entitlements you have to health insurance continuation under COBRA.

(a) Beginning no sooner than eight (8) days after your signature of this Agreement, Erickson will provide you twelve (12) weeks of separation pay at your regular 2007 salary less applicable income tax withholdings and other standard payroll deductions. The separation pay will be made in bi-weekly payments in accordance with Erickson's regularly scheduled pay dates.

(b) Your current health benefits package will remain in effect through the end of November 2007 with the standard payroll deduction. Beginning in December 2007, you are eligible to continue your current health benefits package under COBRA. If you elect to continue your current health benefits under COBRA, Erickson will continue to pay its current portion of the cost of your current health benefits under COBRA during the separation pay period, and you will be responsible for the remainder of the costs of maintaining your health benefits under COBRA. After the final payment of the separation pay, you will be responsible for the entire premium under COBRA. It is agreed that you are 100% vested in the employer's matching contributions towards your 401k plan. Per the terms of the plan, you cannot make any further contributions during the separation pay period.

(c) It is agreed that you are fully vested in your Growth Participation Plan Units which are valued at the 2005 value. Your Growth Participation Units will be redeemed per

the terms of the Growth Participation Plan. You have already received 2 redemption checks for 1/2 of the value of your Units. You will receive 2 more checks to complete the redemption of your Units, each representing ¼ of the value of your Units, in 2008 and 2009 respectively.

(d) Erickson will provide one original reference letter signed by me with language that is mutually agreed upon.

3. You agree to return promptly all of Erickson's property including, but not limited to, your employee identification card, parking pass, equipment, supplies, and any and all documents and files concerning residents, employees, vendors, services, products, software, technical and business information prepared for or by Erickson, its managed retirement communities, or Erickson Health Medical Group. You agree to keep confidential any trade secret and any business, proprietary, confidential, or copyrighted information of Erickson or its retirement communities which you acquired in connection with your employment. You also agree not to provide any information in whatever form about Erickson's or Erickson Health Medical Group's business practices, policies, claims, or other confidential information which you acquired in connection with your employment to any person, unless required by law. For a period of six (6) months from your separation date, you agree not to hire or to solicit to hire, directly or indirectly, any current employee of Erickson or Erickson Health Medical Group.

4. Except as required by law, you agree to keep the terms of this Agreement completely confidential, and further agree not to disclose the terms and conditions of this Agreement or the existence of this Agreement to anyone including, but not limited to, any past, present, or prospective employees or applicants for employment with Erickson; provided, however, that this restriction shall not apply to disclosure by you to your attorney, your tax advisor, or your spouse, as applicable.

5. You agree not to communicate any derogatory or defamatory information concerning Erickson, Erickson Health Medical Group, including their members, directors, officers, employees, or agents, to any persons, corporations, or other entities. Erickson and Erickson Health Medical Group agree not to communicate any derogatory or defamatory information concerning you to any persons, corporation, or other entity. Erickson also agrees that it will not contest your application for unemployment compensation benefits.

6. In consideration for the separation pay, contribution towards your benefits, GPP pay-out, and reference letter, you hereby release Erickson, Erickson Health Medical Group, their members, directors, officers, employees, agents, and all related or affiliated persons or entities (collectively the "Released Parties") of and from any and all liability, claims, causes, demands, obligations, attorneys fees, actions, contracts, torts, promises, damages, and rights, arising as of the date of this release, which you have or may have arising out of or related to your employment, including the termination of your employment. This waiver and release includes all rights and obligations under any federal, state, or local laws, regulations, ordinances, or common law, including but not limited to all employment discrimination laws such as Title VII of the Civil Rights Act of 1964, as amended, the Maryland Human Rights Act, the Age Discrimination in Employment Act (ADEA), the Americans

with Disabilities Act, 42 U.S.C. Section 1981, and all other employment laws, all claims for wrongful discharge, all claims that the persons or entities released in this paragraph dealt unfairly with you, in bad faith, or in violation of any employment agreement, express or implied, and all claims for personal injury, emotional distress, pain and suffering, compensatory and/or punitive damages.

7. You further agree that you have not filed nor commenced any charges, complaints, claims, civil actions or other proceedings against the Released Parties in any federal, state or local agency, court, commission or other tribunal. You further agree not to seek or request damages in connection with any other claim, demand or charge that may be filed with any federal, State or local agency, court, commission or other tribunal against the Released Parties. This Agreement is not intended to interfere with any right you may have to file a charge with any federal, state or local governmental authority, except that you understand and agree that by entering into this Agreement, you waive any claim to recovery of any remedy beyond what is provided in this Agreement. Furthermore, you affirm and acknowledge that you have not been denied any leave requested under the Family and Medical Leave Act or any applicable state or local acts providing for leave. This paragraph does not preclude you from bringing an action to enforce the terms of this Agreement or to challenge the validity of this Agreement.

8. You agree that you had the opportunity to report to Erickson any violations of the Erickson Corporate Compliance Plan of which you had knowledge either during your employment or as part of your Exit Interview Questionnaire. You hereby further agree that you had no knowledge of any violations of the Plan except as otherwise reported.

9. This Agreement shall not be in any way construed as an admission by Erickson, its members, directors, officers, employees, or agents of any liability, wrongdoing, discrimination, fault, or breach.

10. You have the right to consult with an attorney concerning this Agreement, if you believe that is appropriate. In accordance with current legal requirements under the Older Workers' Benefit Protection Act, this offer will be held open for no more than twenty-one (21) days from the date of this memorandum after which time the offer will expire. You may use as much of this 21-day period as you wish before signing. In addition, you may revoke this Agreement any time within seven (7) days after it is signed by you. Any revocation must be in writing and delivered to me within seven (7) days in order to be effective.

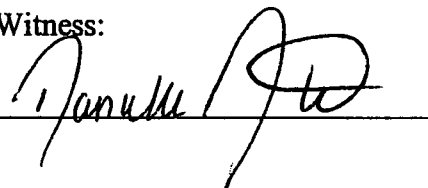
11. Your signature will confirm that you are entering into this Agreement voluntarily and with the full understanding of all the above terms, and that you are not relying upon any representations, statements or agreements of Erickson as a basis for entering into this Agreement except for those expressly set forth in this Agreement. In addition, once signed, this Agreement will set forth the entire agreement between Erickson and you. It will supersede any previous agreements or discussions concerning your employment or the termination thereof, except as expressly noted above. No changes in this Agreement will be valid unless in writing and signed by both parties. Any need for interpretation or enforcement of this Agreement will be in accordance with Maryland law,

without regard to its conflict of laws provisions, and venue for any action shall be in Baltimore County, Maryland. In the event that any one or more of the provisions of this Agreement shall for any reason be held to be invalid, illegal or unenforceable, the invalidity, illegality, or unenforceability shall not affect any other provision, and the Agreement shall be construed as though it had not contained the invalid, illegal, or unenforceable provision.

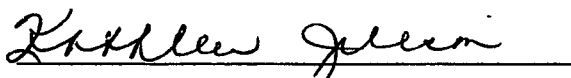
PLEASE READ THIS AGREEMENT CAREFULLY. IT CONTAINS A RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS AS OF THE DATE OF THIS AGREEMENT.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND ARE VOLUNTARILY ENTERING INTO IT.

Witness:

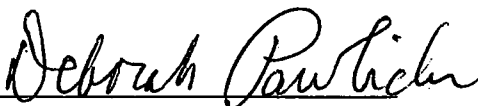


Kathleen Jillson




Date: 11/9/07

Witness:



Erickson Retirement Communities, LLC

By:   
Richard A. Powell

Date: 11-15-07



Dear Kathleen A Jillson:

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 \$60174. 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 \$15043.5. The remaining unit grant will earn interest at a rate of 9% until the final installment, scheduled to be paid in 2009.

As a non-vested employee, the first installment will be deposited in the deferred compensation account through PenCal. We will forward additional information about investment options available through PenCal, as well as procedures for opening an account if you have not already done so. Remember, only continuous fulltime service counts towards vesting in the GPP. Therefore, the date to use for vesting purposes may be different than your original hire date. The date to use for vesting purposes for your service is 2/18/2002

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





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March 5, 2009

To: Participants in the Erickson pre-2006 Growth Participation Plan (GPP)

From: Rick Grindrod

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As a vested participant in the GPP, you were scheduled to receive your fourth and final payment from the plan during 2009. In accordance with the plan document, Erickson is notifying you of its intent to defer your final GPP distribution and does not expect to make this payment in 2009.

Erickson, like many companies, is facing short-term challenges as a result of the current economic downturn. The decision to defer this distribution is necessary to maintain our commitment to provide a high level of affordable care to our 23,000 residents during the current economic climate. It also will help enable us to continue to fulfill our mission from a position of strength when the economy improves.

You may contact Mary Ann Lambrechts, GPP Plan Administrator, at 443-883-4829 or at [maryann.lambrechts@erickson.com](mailto:maryann.lambrechts@erickson.com) if you have any questions regarding the Erickson Growth Participation Plan.

Thank you for your understanding.

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A handwritten signature in cursive script that reads "Rick".

Bruce R. Grindrod, Jr.  
President and CEO