

UNITED STATES BANKRUPTCY COURT Northern District of Texas		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): Gallagher Evelius & Jones LLP		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known)
Name and address where notices should be sent: Thomas C. Dame, Esq., Gallagher Evelius & Jones LLP 218 N. Charles Street, Suite 400, Baltimore, MD 21201		
Telephone number: (410) 727-7702		Filed on: _____
Name and address where payment should be sent (if different from above):		<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.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>19,422.57</u>		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: \$ _____
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.		
2. Basis for Claim: <u>legal services rendered</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>xxx451-0</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: 01/11/2010	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. /s/ Thomas C. Dame, Esq./Attorney for Creditor	
		FOR COURT USE ONLY Erickson Ret. Comm. LLC  00675

FILED

JAN 14 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

RECEIVED

FEB 01 2010

BMC GROUP

Debtor: Erickson Retirement Communities, LLC
Case No. 09-37010
Creditor: Gallagher Evelius Jones LLP

Proof of Claim
Summary Statement of Fees

Invoice Date	Invoice Number	Invoice Amount	Matter Number	Matter Description
10/09/09	xx2349	\$ 9,567.28	xxxxxx-0028	Cedar Crest Option Extension and Refunding
12/02/09	xxxxxx-0000-M	\$ 1,125.00	xxxxxx-0000	General
12/02/09	xxxxxx-0029-M	\$ 225.00	xxxxxx-0029	Linden Ponds Tax Exempt Bonds
12/02/09	xxxxxx-0042-M	\$ 225.00	xxxxxx-0042	Lincolnshire Tax Exempt Bonds
12/02/09	xxxxxx-0047-M	\$ 225.00	xxxxxx-0047	Naperville Tax Exempt Bonds
12/02/09	xxxxxx-0048-M	\$ 834.30	xxxxxx-0048	Novi Tax Exempt Bonds
12/02/09	xxxxxx-0056-M	\$ 4,074.90	xxxxxx-0056	Tinton Falls II Construction Loan (Seabrook)
12/02/09	xxxxxx-0057-M	\$ 3,146.09	xxxxxx-0057	Eagle's Trace Tax Exempt Bonds (2008)

TOTAL: \$ 19,422.57