

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):

LINDA SUZANNE VIGILANTE

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

20835747900228 VIGILANTE, LINDA S 627 MURDOCK ROAD BALTIMORE, MD 21212

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s2022 AMOUNT/CLASSIFICATION \$20,837.32 UNSECURED

Court Claim Number: (If known)

Filed on:

FILED

FILED

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.

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

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

Telephone number: 410-577-9795

1. Amount of Claim as of Date Case Filed: \$ 20,837.32

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: SEVERANCE/SEPERATION PAY (SEE ATTACHMENTS)

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.)

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

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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 1-20-10

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.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00715

1.20.10

Exhibit A

Supporting documentation/calculation for Proof of Claim for Severance Payment

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

Name of Creditor: Linda Suzanne Vigilante
Address / Phone: 627 Murdock Road
Baltimore, MD 21212
410-377-9795

Exhibits referenced in this documentation:

Exhibit B: Separation Agreement and Release

Exhibit C: Final paycheck showing pay rate for calculation

Per Separation and Agreement Release (Exhibit B), per paragraph 3, first bullet point, I am due the following severance payment: **"12 weeks of separation pay at your current 2009 salary level..."**. This is a significant and immediate hardship for over 90 employees. Furthermore, Erickson consistently assured employees with termination dates that severance payments were safe and protected from bankruptcy.

Calculation:

(Hourly Rate) x (40 hours per week) x (# of weeks of severance) = Total Severance Payout
 $\$43.4111 \times 40 \times 12 = \$20,837.32$

(Total Severance Payout) - (Severance Received to Date) = Net Severance that is owed to me
 $\$20,837.32 - \$0.00 = \$20,837.32$

Calculation sources:

Hourly Rate from Paycheck (Exhibit C)

of weeks of severance from Separation Agreement (Exhibit B)

TO: Linda Vigilante
DATE: July 16, 2009
RE: Separation Agreement and Release

Erickson Retirement Communities, LLC ("Company") must regretfully initiate a reduction in force. This agreement (the "Agreement") sets forth the terms and conditions for your separation from employment.

1. If you sign this Agreement and do not revoke it, we will maintain your employment in your current position through the close of business on October 2, 2009 (the "Effective Date"). After the close of business on the Effective Date, you will be separated from employment. You will remain an employee at-will through the Effective Date, subject to Company's normal rules and standards of conduct for employees. If you need time for job search or interviews, we will try to accommodate your schedule. You will receive a final paycheck for your wages, minus taxes, deductions, and withholdings, through the Effective Date at your current 2009 salary level, on the normal Company pay-dates. Your current benefits package remains in effect through the end of October 2009 with the standard payroll deduction. You will also receive a check for any accrued, unused PTO hours, minus taxes, deductions, and withholdings, you have as of the Effective Date on the next regular payday after the Effective Date.

2. If you currently participate in our benefits plan, beginning November 1, 2009, you may elect to continue your current health benefits package under COBRA. If you make this election, you may be eligible for a subsidy of the cost of maintaining your COBRA benefits under a new federal law, the Americans Recovery and Reinvestment Act of 2009 ("ARRA"). Under ARRA, for a limited period, you would be responsible for paying 35% of the ordinary COBRA premium for your benefits. For that same period, Company would be responsible for paying 65% of the ordinary COBRA premium for your benefits. According to current information, this subsidy towards your COBRA premium is for a period of up to 9 months starting with your first month of COBRA eligibility and may be discontinued if you become eligible for other benefits in certain circumstances. Further details on your rights under COBRA are included in the information package with this Agreement. Your eligibility for this subsidy does not depend on signing this Agreement. You will need to make your payments directly to our third party COBRA benefits administrator.

3. If you sign this Agreement and do not revoke your signature, we will also provide the benefits listed below. You will not be entitled to any other compensation, payments or benefits; however, this doesn't affect your vested retirement benefits nor any rights you have to continue your health insurance under COBRA.

- 12 weeks of separation pay at your current 2009 salary level, minus taxes, deductions, and withholdings. The separation pay will be made in bi-weekly payments in accordance with Company's regular pay dates. These payments will start on the first pay period following the later of: (i) the Effective Date, or (ii) eight (8) days after your signature of this Agreement. However, if you accept another position with Company or another company which is managed by Company during the separation pay period, then your separation pay will end as of the start date for your new position.
- You will be eligible to participate in any group outplacement services offered by Company through its contractor(s) as part of the Company July 2009 reduction-in-force program.
- If you participate in Company's 401k plan, you are fully vested in the employer's matching contributions towards your plan. Per the terms of the plan, you cannot make any further contributions during the separation pay period.
- If you participate and are currently vested in Company's Growth Participation Plan (GPP) Units under the terms of the old 2005 plan and/ or the terms of the 2006 plan, your vesting remains the same as of the Effective Date. All payments of GPP value will be made per the terms of the plans and may be delayed or deferred per the terms of the plans.

- If you have an outstanding employee assistance loan, we will continue to deduct the amounts you agreed upon from your final paycheck, PTO, and separation paychecks. If there is still an outstanding balance after the separation pay is ended, we will forgive the outstanding balance.
- If you have a current agreement for tuition reimbursement, we will continue the reimbursement per the terms of our tuition reimbursement policy for this current semester only.
- If you are uncertain about your participation or vesting level in the benefits or plans named above, you may contact the HR Representative at the number provided in your separation packet.

4. You agree to return promptly all of Company's property including, but not limited to, your ID card, keys, parking pass, laptop, blackberry/ phone, equipment, and any documents or files concerning residents, employees, services, software, and business information for Company or its retirement communities, their members, subsidiaries, or affiliates. You agree to be reasonably available for discussions with your manager about transitioning your work. You agree to submit any expenses which you believe are reimbursable business expenses to Company within 30 days from your separation date. Company will only reimburse business expenses that are timely, genuine and reasonable, and supported by documentation as determined by Company. If you wish to keep your company phone, you will be required to transfer the account to your name and will be responsible for all charges after the Effective Date. You agree to refrain from disclosing any of Company's trade secrets, business practices, proprietary information or confidential information which you acquired during the course of your employment with Company. You also agree to keep the terms and the existence of this Agreement confidential and not to disclose this Agreement to any other person or entity, except for your attorney, your tax advisor, or your spouse, as applicable, unless otherwise required by law.

5. You agree not to communicate any derogatory or defamatory information concerning Company, its subsidiaries, affiliates, or its managed retirement communities, including their directors, officers, and employees to any other person or entity. Company agrees not to condone its managers communicating any derogatory or defamatory information concerning you to any other person or entity. If Company becomes aware of such conduct, Company will make a prompt and good faith effort to stop same. Company also agrees that it will not contest your application for unemployment compensation benefits.

6. In consideration for the benefits listed in Sections 1, 3, 4, and 5 of this Agreement, you hereby release Erickson Retirement Communities, its owners, members, directors, officers, employees, agents, insurers, employee benefit plans and fiduciaries/ administrators of such plans, its managed retirement communities, and all related or affiliated persons or entities (collectively the "Released Parties") of and from any and all known and unknown liability, claims, causes, demands, attorneys fees, damages, and rights, including, but not limited to, any claims which you have or may have arising out of or related to your employment, including the separation 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 of 1967 ("ADEA"), the Family & Medical Leave Act, the Worker Adjustment and Retraining Notification Act ("WARN"), the Americans with Disabilities Act of 1990, Sections 1981 through 1988 of Title 42 of the United States Code, the Employee Retirement Income Security Act of 1974 ("ERISA"), and all other employment laws, claims for wrongful discharge, claims of unfair dealing, claims in connection with any employment contract, and claims for personal injury, emotional distress, pain and suffering, compensatory or punitive damages.

7. You 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, local or other agency, court, or tribunal. You agree not to seek or request damages in connection with any other claim, demand or charge against the Released Parties. This Agreement is not intended to interfere with any right you have to file a charge with any federal, state

or local governmental agency, except that you agree that by entering into this Agreement, you waive any claim to recovery of any remedy beyond what is provided in this Agreement. You also agree that you have not been denied any leave requested under the Family and Medical Leave Act or any applicable state/ local leave laws. 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 Company any violations of the Corporate Compliance Plan during your employment and you further agree that you have no knowledge of any violations of the Plan except as otherwise reported. You agree that your obligations under this Agreement are material obligations on which Company is reasonably relying. If you breach your obligations under this Agreement, Company may immediately suspend or terminate its own obligations under the Agreement, including but not limited to, its obligations to pay any and all compensation or other amounts listed in Section 3 of this Agreement or pursue an action to recover any such compensation paid or enforce performance of this Agreement.

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

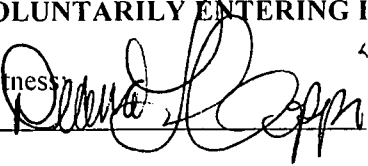
10. You are advised to consult with an attorney concerning this Agreement. In accordance with current legal requirements under the Older Workers' Benefit Protection Act, this offer will be held open for no more than forty-five (45) days from the date of this Agreement first listed above. If you do not sign and return the Agreement within the 45 day period, the offer will automatically expire. You may use as much of this 45-day period as you wish before signing. In addition, you may revoke this Agreement any time within seven (7) days after you sign the Agreement. To be effective, any revocation must be in writing and must be delivered within seven (7) days after your signature to the following address: Erickson Retirement Communities, 701 Maiden Choice Lane, Baltimore, Maryland 21228, Attn: General Counsel. Required information on this July 2009 Reduction in Force Program is included for your consideration in attached Schedules 1 and 2.

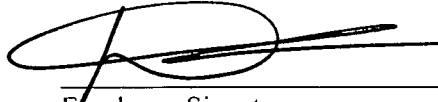
11. Your signature confirms that you are entering into this Agreement voluntarily, you understand all of its terms, and that you are not relying upon any other representations or agreements of Company except for those expressly set forth in this Agreement. Once signed, this Agreement will set forth the entire agreement between Company and you and supersedes 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. In the event that any one or more of the provisions of this Agreement other than the general release language in Section 6 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.

12. Any need for interpretation or enforcement of this Agreement will be in accordance with Maryland law, without regard to its conflict of laws provisions. Company and you agree that any action or proceeding relating to the enforcement of this Agreement will only be brought in the courts of Baltimore County, Maryland or in the U.S. District Court for the State of Maryland. Company and you further agree that any such action or proceeding will be heard without a jury or an advisory jury. You and Company waive your respective rights to bring any such action or proceeding in any other jurisdiction, or to have any such action or proceeding heard before a jury or an advisory jury.

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



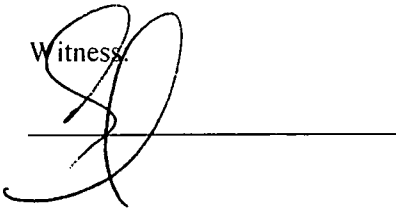


Employee Signature

Linda Vigilante

Date: 8-21-09

Witness



Erickson Retirement Communities, LLC

Signed by: Erin Fischbacher

Printed Name:

Date: 8/21/09

ATTACHED SCHEDULES

Schedule 1: Individuals covered by the Company July 2009 Reduction in Force Program, eligibility factors for the program, and time limits applicable to the reduction program

Schedule 2: (a) List Of Job Titles And Ages Of Individuals Selected For the July 2009 Reduction In Force Program, and (b) List Of Job Titles And Ages Of Individuals Not Selected For The July 2009 Reduction In Force Program Who Are In The Same Decisional Unit As You

SCHEDULE 1 TO SEPARATION AGREEMENT
INDIVIDUALS COVERED BY THE PROGRAM, ELIGIBILITY FACTORS FOR THE
PROGRAM, AND TIME LIMITS APPLICABLE TO THE JULY 2009 REDUCTION-IN-FORCE
PROGRAM

Erickson Retirement Communities (the "Company") has found it necessary to implement a July 2009 Reduction in Force Program (the "Program") due continued financial pressures experienced by the Company. The financial pressures result from several factors, including but not limited to slower absorption of new residents and uncertainty in the capital finance markets which impacts the ability of Erickson and its subsidiaries to continue and complete development. This Program applies to all staff employed by the Company in corporate offices in Maryland and all staff employed by the Company to provide construction, development, acquisition, marketing or other services at retirement communities or other affiliated operations that are managed by the Company. This Program does not apply to individuals who are employed by the independent, non-profit communities.

Individuals who are eligible to participate in the Program have been selected for termination from their employment based on the Company's business needs and consideration of one or more of the following criteria: (i) the Company's decision to outsource the work the individual performs; (ii) the Company's decision to combine, re-organize, suspend, or eliminate certain work functions at the location where the individual works; (iii) the Company's decision to eliminate the position the individual holds; (iv) the overall work performance of the individual during the 12 month period prior to his or her termination, as compared to the overall work performance of the other employees within the individual's decisional unit during the same period of time; (v) and the qualifications and work performance of the affected employees for any vacant positions. Job-related performance criteria considered in determining Program eligibility include: resident service needs, productivity, overlapping or duplication of functions, ability to multi-task efficiently, customer satisfaction, business competency, technical proficiency and/or compliance with Erickson Way Values.

Individuals who are eligible for and selected to participate in the Program are being offered consideration under a Separation Agreement and Release and subject to its terms and conditions. Individuals have 45 days from the date of the separation agreement for that individual to sign and return the signed Agreement. Each individual understands and agrees that he/ she would not receive the monies and/or benefits specified in the Plan except for his or her signing this Separation Agreement and Release ("Agreement") and fulfillment of the promises contained herein that pertain to the individual.

Emplid Co Dept 000198-000198
005983 ERC/XDL 10380175

Earnings Statement

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Page 001 of 001
Period Ending: 10/03/2009
Advice Date: 10/09/2009
Advice Number: 0000484654
Batch Number: 000000002920

Exemptions Addl Amt Addl %
Fed: Married-03
MD: Not app-03

LINDA S. VIGILANTE
627 Murdock Road
Baltimore, MD 21212

Earnings	Rate	Hours	This Period	Year-to-Date
Regular Pay	43.4111	80.00	3472.88	64682.39
PTO	0.0000	0.00	0.00	6164.37
Holiday	0.0000	0.00	0.00	2083.74

Deductions	This Period	Year-to-Date
*Medical	248.96	3813.18
*Dental	21.07	348.08
*401(k)	277.83	5834.43
*FSA Medical	57.70	1211.53
Optional Life	13.20	277.20

Gross Pay	80.00	3472.88	72930.50
TOT PROD	80.00	3472.88	
TOT NON PROD	0.00	0.00	

Total	618.76	11484.42
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Tax Deductions

Fed Withholdng	259.33	5826.15
Fed MED/EE	45.61	979.59
Fed OASDI/EE	195.00	4188.58
MD Withholdng	188.85	4083.63

*Excluded from Federal Taxable Wages
** Imputed Income - Group Term Life

Leave Summary	Balance
PTO	140.41
ELB	199.00

Message

Direct Deposit Summary

Trans Type	Account	Amount
Deposit Che	XXXXXXXXX2851	2,165.33
Net Check		0.00

Total	688.79	15077.95
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Net Pay	2165.33	46368.13
Fed Taxable Wages	2867.32	61723.28

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

Erickson Retirement Communities, LLC
701 Maiden Choice Lane
Baltimore, MD 21228

Advice Number: 0000484654
Advice Date: 10/09/2009

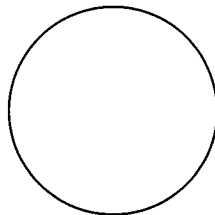
Deposited to the account of	Account Number	Transit ABA	Amount
LINDA S. VIGILANTE	XXXXXXXXX2851	655003201	2165.33

THIS IS NOT A CHECK

NON-NEGOTIABLE

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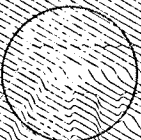
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HOLD AT AN ANGLE TO VIEW
ADP WATERMARKS

THIS SIDE OF DOCUMENT CONTAINS ADP WATERMARKS. HOLD AT AN ANGLE TO VIEW.

Z 813262983



HOLD AT AN ANGLE TO VIEW
ADP WATERMARK



PURPLE ADP LOGO PRINTED WITH INK
THAT RESPONDS TO WARMTH. HOLD
BETWEEN THUMB AND FOREFINGER OR
BREATHE ON IT - THE ADP LOGO WILL FADE
AND REAPPEAR

TRANSIT ENDORSEMENT

DO NOT WRITE / SIGN / STAMP/BELOW THIS TYPE

KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION