

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:

20835747002304 NEW LIFESTYLES 4144 N CENTRAL EXPRESSWAY STE 1000 ATTN ACCOUNTS RECEIVABLE DALLAS, TX 75204

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s650 AMOUNT/CLASSIFICATION \$490.00 UNSECURED

Court Claim Number: (If known)

Filed on:

FILED

JAN 26 2010 TAVANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

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

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.

Telephone number: 214-874-6009

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

1. Amount of Claim as of Date Case Filed: \$ 1470.00

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: (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: ERICKSON

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: \$

RECEIVED FEB 01 2010 BMC GROUP

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: 1/22/10

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.

Pamela Muelle

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00721



4144 N. CENTRAL EXPRESSWAY
SUITE 1000
DALLAS, TX 75204
PHONE: 800-869-9549

INVOICE

Accounts Payable
Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

INVOICE NUMBER: 1134615-IN
INVOICE DATE: 08/01/2009
CUSTOMER P.O. :
DUE DATE : 8/16/2009

Advertising:

Maryland/Northern Virginia Fall-Winter 2009

Full Page & Description 490.00

Riderwood

Facility Address : Riderwood
Levels of Care : CCRC
Renaissance Gardens at Riderwood

Facility Address : Renaissance Gardens at Riderwood
Levels of Care : ASL, NUR
Charlestown

Facility Address : Charlestown
Levels of Care : CCRC
Renaissance Gardens at Charlestown

Facility Address : Renaissance Gardens at Charlestown
Levels of Care : ASL, NUR
Oak Crest

Facility Address : Oak Crest
Levels of Care : CCRC

Please detach and mail remittance with your payment

If there are questions about this invoice or problems with advertising please contact our credit department at 800-975-9415.

You can now pay your bill online with your credit card at www.NewLifeStyles.com/payment .

Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

Customer Number : **ERICK2C**
Invoice Number : **1134615-IN**
Invoice Total : **\$ 490.00**

New LifeStyles
4144 N Central Expwy Suite 1000
Dallas, TX 75204

Remittance Amount : _____



4144 N. CENTRAL EXPRESSWAY
SUITE 1000
DALLAS, TX 75204
PHONE: 800-869-9549

INVOICE

Accounts Payable
Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

INVOICE NUMBER: 1134615-IN
INVOICE DATE: 08/01/2009
CUSTOMER P.O. :
DUE DATE : 8/16/2009

Renaissance Gardens at Oak Crest

Facility Address : Renaissance Gardens at Oak Crest
Levels of Care : ASL, NUR
Greenspring Village

Facility Address : Greenspring Village
Levels of Care : CCRC
Renaissance Gardens at Greenspring

Facility Address : Renaissance Gardens at Greenspring
Levels of Care : ASL, NUR

Invoice Total: 490.00

Invoice for Services from 8/ 1/2009 to 9/ 1/2009

Please detach and mail remittance with your payment

If there are questions about this invoice or problems with advertising please contact our credit department at 800-975-9415.

You can now pay your bill online with your credit card at www.NewLifeStyles.com/payment .

Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

Customer Number : **ERICK2C**
Invoice Number : **1134615-IN**
Invoice Total : **\$ 490.00**

New LifeStyles
4144 N Central Expwy Suite 1000
Dallas, TX 75204

Remittance Amount : _____



4144 N. CENTRAL EXPRESSWAY
SUITE 1000
DALLAS, TX 75204
PHONE: 800-869-9549

INVOICE

Accounts Payable
Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

INVOICE NUMBER: 1136782-IN
INVOICE DATE: 09/01/2009
CUSTOMER P.O. :
DUE DATE : 9/16/2009

Advertising:

Maryland/Northern Virginia Fall-Winter 2009

Full Page & Description 490.00

Riderwood

Facility Address : Riderwood
Levels of Care : CCRC
Renaissance Gardens at Riderwood

Facility Address : Renaissance Gardens at Riderwood
Levels of Care : ASL, NUR
Charlestown

Facility Address : Charlestown
Levels of Care : CCRC
Renaissance Gardens at Charlestown

Facility Address : Renaissance Gardens at Charlestown
Levels of Care : ASL, NUR
Oak Crest

Facility Address : Oak Crest
Levels of Care : CCRC

Please detach and mail remittance with your payment

If there are questions about this invoice or problems with advertising please contact our credit department at 800-975-9415.

You can now pay your bill online with your credit card at www.NewLifeStyles.com/payment .

Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

Customer Number : **ERICK2C**
Invoice Number : **1136782-IN**
Invoice Total : **\$ 490.00**

New LifeStyles
4144 N Central Expwy Suite 1000
Dallas, TX 75204

Remittance Amount : _____



4144 N. CENTRAL EXPRESSWAY
SUITE 1000
DALLAS, TX 75204
PHONE: 800-869-9549

INVOICE

Accounts Payable
Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

INVOICE NUMBER: 1136782-IN
INVOICE DATE: 09/01/2009
CUSTOMER P.O. :
DUE DATE : 9/16/2009

Renaissance Gardens at Oak Crest

Facility Address : Renaissance Gardens at Oak Crest
Levels of Care : ASL, NUR
Greenspring Village

Facility Address : Greenspring Village
Levels of Care : CCRC
Renaissance Gardens at Greenspring

Facility Address : Renaissance Gardens at Greenspring
Levels of Care : ASL, NUR

Invoice Total: 490.00

Invoice for Services from 9/ 1/2009 to 10/ 1/2009

Please detach and mail remittance with your payment

If there are questions about this invoice or problems with advertising please contact our credit department at 800-975-9415.

You can now pay your bill online with your credit card at www.NewLifeStyles.com/payment .

Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

Customer Number : **ERICK2C**
Invoice Number : **1136782-IN**
Invoice Total : **\$ 490.00**

New LifeStyles
4144 N Central Expwy Suite 1000
Dallas, TX 75204

Remittance Amount : _____



4144 N. CENTRAL EXPRESSWAY
SUITE 1000
DALLAS, TX 75204
PHONE: 800-869-9549

INVOICE

Accounts Payable
Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

INVOICE NUMBER: 1136793-IN
INVOICE DATE: 10/01/2009
CUSTOMER P.O. :
DUE DATE : 10/16/2009

Advertising:

Maryland/Northern Virginia Fall-Winter 2009

Full Page & Description 490.00

Riderwood

Facility Address : Riderwood
Levels of Care : CCRC
Renaissance Gardens at Riderwood

Facility Address : Renaissance Gardens at Riderwood
Levels of Care : ASL, NUR
Charlestown

Facility Address : Charlestown
Levels of Care : CCRC
Renaissance Gardens at Charlestown

Facility Address : Renaissance Gardens at Charlestown
Levels of Care : ASL, NUR
Oak Crest

Facility Address : Oak Crest
Levels of Care : CCRC

Please detach and mail remittance with your payment

If there are questions about this invoice or problems with advertising please contact our credit department at 800-975-9415.

You can now pay your bill online with your credit card at www.NewLifeStyles.com/payment .

Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

Customer Number : **ERICK2C**
Invoice Number : **1136793-IN**
Invoice Total : **\$ 490.00**

New LifeStyles
4144 N Central Expwy Suite 1000
Dallas, TX 75204

Remittance Amount : _____



4144 N. CENTRAL EXPRESSWAY
SUITE 1000
DALLAS, TX 75204
PHONE: 800-869-9549

INVOICE

Accounts Payable
Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

INVOICE NUMBER: 1136793-IN
INVOICE DATE: 10/01/2009
CUSTOMER P.O. :
DUE DATE : 10/16/2009

Renaissance Gardens at Oak Crest

Facility Address : Renaissance Gardens at Oak Crest
Levels of Care : ASL, NUR
Greenspring Village

Facility Address : Greenspring Village
Levels of Care : CCRC
Renaissance Gardens at Greenspring

Facility Address : Renaissance Gardens at Greenspring
Levels of Care : ASL, NUR

Invoice Total: 490.00

Invoice for Services from 10/ 1/2009 to 11/ 1/2009

Please detach and mail remittance with your payment

If there are questions about this invoice or problems with advertising please contact our credit department at 800-975-9415.

You can now pay your bill online with your credit card at www.NewLifeStyles.com/payment .

Erickson Retirement Communitie
5525 Research Park Dr.
Catonsville, MD 21228

Customer Number : **ERICK2C**
Invoice Number : **1136793-IN**
Invoice Total : **\$ 490.00**

New LifeStyles
4144 N Central Expwy Suite 1000
Dallas, TX 75204

Remittance Amount : _____