

<b>UNITED STATES BANKRUPTCY COURT</b> <b>Northern District of Texas (Dallas Division)</b>	<b>PROOF OF CLAIM</b>
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Name of Debtor: <b>Erickson Retirement Communities, LLC</b>	Case Number: <b>09-37010</b>
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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.
Name and address where notices should be sent: 20835747002185 WALTER JR, PAUL 7004 BEECH AVENUE BALTIMORE, MD 21206	YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s3543 AMOUNT/CLASSIFICATION \$15,418.50 UNSECURED
Name and address where payment should be sent (if different from above):	Court Claim Number: _____ (If known)
Telephone number:	Filed on: _____

Name and address where payment should be sent (if different from above):  Telephone number:	<b>RECEIVED</b>  <b>FEB 04 2010</b>  <b>BMC GROUP</b>
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<b>1. Amount of Claim as of Date Case Filed:</b> \$ _____  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.	<b>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.</b>  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)(____).
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**2. Basis for Claim:** ~~Secured Claim~~      **GPP PLAN**  
 (See instruction #2 on reverse side.)

**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  
**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:

<b>Date:</b> 2/1/2010   <b>Signature:</b> 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.  Paul J. Walter Jr.	<b>FOR COURT USE ONLY</b>  Erickson Ret. Comm. LLC  00753
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