

UNITED STATES BANKRUPTCY COURT

Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor:

Case Number:

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:

20835749006420
SCHUETZ, DAVID C
1603 FAIRWAY CIRCLE
GENEVA, IL 60134

RECEIVED
FEB 10 2010
BMC GROUP

Court Claim Number: _____
(If known)

Filed on: _____

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:

630-845-0513

630-740-3875

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

1. Amount of Claim as of Date Case Filed:

\$ 461.55

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: _____

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:

Date: 2/8/10

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.

David C Schuetz
David C Schuetz

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00818

Emplid Co Dept 001180-001180
006006 ERC/XDL 45680177

Earnings Statement

Erickson Retirement Communities, LLC
991 Corporate Blvd
Linthicum, MD 21090

Page 001 of 001
Period Ending: 01/24/2009
Advice Date: 01/30/2009
Advice Number: 0000340506
Batch Number: 00000002149

Exemptions Addl Amt Addl %
Fed: Married-04
IL: Not app-04

DAVID C. SCHUETZ
1603 Fairway Circle
Geneva, IL 60134

Earnings	Rate	Hours	This Period	Year-to-Date
Severance Wa	78.4049	0.00	7443.89	7443.89
Adjust	0.0000	0.00	0.00	2343.00
Holiday	0.0000	0.00	0.00	1254.50
Regular Pay	0.0000	0.00	0.00	10035.85
PTO	0.0000	0.00	0.00	36693.52

Deductions	This Period	Year-to-Date
*Medical	248.96	746.88
*Dental	41.31	123.93
*AD&D	3.81	11.43
*FSA Medical	153.85	461.55
*401(k)	0.00	1488.79
Spouse Life	2.22	6.66
Optional Life Chi	3.46	10.38
Optional Life	0.00	19.35
**Executive LTD I	85.30	255.90
Executive Life*	0.00	26.01

Gross Pay	0.00	7443.89	57770.76
Tot PRDD	0.00	0.00	
Tot NON PRDD	0.00	7443.89	

Total 453.61 2868.97

Tax Deductions

Fed Withholding	1290.66	9265.85
Fed MED/EE	102.68	822.28
Fed OASDI/EE	439.04	3515.95
IL Withholding	203.21	1573.54

*Excluded from Federal Taxable Wages

**Imputed Income - Group Term Life

Leave Summary Balance

PTO	0.00
ELB	316.31

Message

Total 2035.59 15177.62

Direct Deposit Summary

Trans	Type	Account	Amount
Deposit	Che	XXXXXX5908	4,954.69
Net Check			0.00

Net Pay	4954.69	39724.17
Fed Taxable Wages	7081.26	55220.09

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

Erickson Retirement Communities, LLC
991 Corporate Blvd
Linthicum, MD 21090

Advice Number: 0000340506

Advice Date: 01/30/2009

Deposited to the account of	Account Number	Transit - ABA	Amount
DAVID C. SCHUETZ	Checking XXXXXX5908	21071321	4954.69

THIS IS NOT A CHECK
NON-NEGOTIABLE