

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): Allison (Marsai) Murphy

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

Name and address where notices should be sent:

20835747008123 MARSAL, ALLISON 615 RIVERSIDE DR LIBERTYVILLE, IL 60048

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s3137 AMOUNT/CLASSIFICATION \$7,543.50 UNSECURED

Court Claim Number: (If known)

Filed on:

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

RECEIVED FEB 10 2010 BMC GROUP

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.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 7,543.50

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).

2. Basis for Claim: Services performed (See instruction #2 on reverse side.)

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).

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

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:

\$ 7,543.50

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.

\*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.

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: 12/29/09

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.

Allison (Marsai) Murphy (313) 415-6923

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00820

Dear Sir or Madam,

I am writing to protest Erickson's decision to "defer" as they said my fourth and final GPP payment. I left the company 4 years ago and have been patiently waiting for the money owed to me for some time. Their need to defer my payment was a scam to never make my final payment as they knew they would be filing for bankruptcy. I feel this is wrong and they ought to award a judgment of this \$7,000 owed to me.

Thank you for your consideration,

Allison Murphy

ps - Please mail back a "filed" proof of claim in envelope

**Erickson Retirement Communities, L.L.C.**  
**Growth Participation Plan**  
**Certificate For**

**100 UNITS at the strike price of \$900**

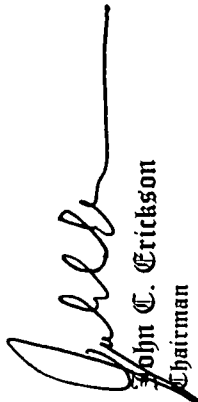
**In The Growth Participation Plan Of  
Erickson Retirement Communities Holdings, L.L.C.  
Granted To**

**Allison Marsai**

*This certificate represents your right to the amount of Equity Units indicated above under the Erickson Retirement Communities Holdings, L.L.C. Growth Participation Plan (the Plan). The designated holder of these Equity Units is entitled to all the rights, opportunities, values, and benefits of future financial growth of the Company as specified in the Plan.*

*These Equity Units are granted in consideration of the holder's future contributions to corporate strategies and the holder's productive delivery of services that form the foundation of the Company's growth.*

*These Equity Units may be transferred and redeemed only in accordance with the Plan and are otherwise fully subject to the provisions of the Plan.*

  
**John C. Erickson**  
Chairman

Date: 12/31/2003



June 28, 2004

Dear Growth Participation Plan Participant:

We are pleased to inform you that you are now a participant in the Erickson Growth Participation Plan. You became eligible for the Plan by virtue of your hire or promotion into an eligible position in 2003, and have now passed the threshold into the Plan. You are now participating in values of the units above the base 12/31/03 value of \$900.00. Your participation will be for the appreciation of unit values above \$900.00.

Your certificate identifying the units issued is enclosed, as well as a Plan Document. The Plan Document provides a detailed explanation of the rules and regulations of the Plan.

Please call Gary Cole at extension 8628 with any questions.

Sincerely,

The Plan Administrators



March 5, 2009

To: Participants in the Erickson pre-2006 Growth Participation Plan (GPP)

From: Rick Grindrod

As a vested participant in the GPP, you were scheduled to receive your fourth and final payment from the plan during 2009. In accordance with the plan document, Erickson is notifying you of its intent to defer your final GPP distribution and does not expect to make this payment in 2009.

Erickson, like many companies, is facing short-term challenges as a result of the current economic downturn. The decision to defer this distribution is necessary to maintain our commitment to provide a high level of affordable care to our 23,000 residents during the current economic climate. It also will help enable us to continue to fulfill our mission from a position of strength when the economy improves.

You may contact Mary Ann Lambrechts, GPP Plan Administrator, at 443-883-4829 or at [maryann.lambrechts@erickson.com](mailto:maryann.lambrechts@erickson.com) if you have any questions regarding the Erickson Growth Participation Plan.

Thank you for your understanding.

A handwritten signature in cursive script that reads "Rick".

Bruce R. Grindrod, Jr.  
President and CEO