

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor:

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

FILED FEB 10 2010 TAWANA C. MARSHALL CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

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

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.

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

Specify the priority of the claim. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:

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).

4. Secured Claim (See instruction #4 on reverse side.) 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:

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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.

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: 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.

Signature: David C Schuetz

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



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
PTD	0.0000	0.00	0.00	36693.52

Deductions	This Period	Year-to-Date
Medical	248.98	778.88
Dental	41.31	123.93
AD&B	3.81	11.43
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	85.90	255.90
Executive Life	0.00	26.61

Gross Pay	0.00	7443.89	57770.76
Tot PTD	0.00	0.00	
Tot NON PTD	0.00	7443.89	

TOTAL	433.61	2868.97
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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
PTD	0.00
ELB	316.31

Message

Total	2035.59	13177.62
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Direct Deposit Summary

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

Net Pay	4,954.69	19,716.17
Fed Taxable Wages	7081.26	55220.09

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
DAVID C. SCHUETZ

Account Number: XXXXXX5908
Bank: TBA
Amount: 4954.69

THIS IS NOT NON-NEGOTIABLE