

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:

20835747008241  
ROBERTSON, DON  
28638 W SCHLESSER DRIVE  
LAKEMOOR, IL 60051

**YOUR CLAIM IS SCHEDULED AS:**  
Schedule/Claim ID: s3259  
**AMOUNT/CLASSIFICATION**  
\$6,000.00 UNSECURED

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

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

RECEIVED

FEB 22 2010

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:

815 363-1647

BMC GROUP

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

1. Amount of Claim as of Date Case Filed: \$ 6,000

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: 2/15/10

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.

Donald W Robertson, Housekeeping Manager

*Donald W Robertson*

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00938

## Retirement Benefits

### 401(k) Plan

Through the 401(k) Plan, you and Erickson work as partners to help build your financial security for retirement;

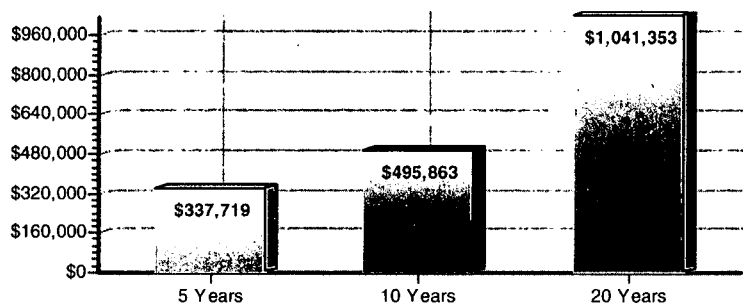
- Through your pre-tax contributions
- After one year of service (minimum 1000 hours worked), through Erickson's dollar-for-dollar matching contribution (up to 5% of your compensation)\*
- Through the investment growth of your total account

*As of 8/1/08 you were contributing 5% of your salary and your total account balance was \$227,139.\**

*\*You are always 100% vested in your contributions. Please refer to the Plan document for vesting schedule on company matching contributions.*

### The Future Value of Your 403(b) Account

The chart below shows the potential value of your account in the years ahead if you continue to contribute at your current rate. These estimates are based on 3% annual salary increase and 7% annual investment return. These estimates and account values are not guaranteed.



### Social Security

Social Security is intended to replace between 20% to 40% of your final year's pay at retirement. You and Erickson share equally in the cost of Social Security taxes. In 2008, you and Erickson will each pay an estimated \$4,671 to the Social Security Administration.

Every year, the Social Security Administration sends a Social Security Statement to workers and former workers aged 25 and older. It includes a summary of the estimated benefits you and your family may receive as a result of your earnings. The statement gives you the opportunity to see if your account has been properly credited each year.

The Social Security Administration may be reached at 800-772-1213.

## Additional Benefits

### Growth Participation Plan

As a key employee you are eligible to participate in the Growth Participation Plan (GPP). The GPP is a long term incentive plan that has been established to allow you to share in the success of the company. When considering your total cash compensation, remember to include the value of your units in the GPP plan. Detailed GPP statements are issued annually. **The accumulated value of your new GPP unit grant(s) is \$6,000.** You are fully vested in the new GPP after four years of full-time service.

### Education Assistance

After 3 months of service, Erickson will reimburse you up to \$4,500 per year for eligible educational expenses (tuition, registration and fees) for full time employees and up to \$3,000 per year for part time employees working 30 or more hours a week. You may request payment be made in advance.

### Employee Help Line

The Help Line provides you and your family with private short term and confidential counseling. Help is also available for personal concerns such as family or marital issues, parenting issues, life changes, conflict resolution, drug and/or alcohol abuse, emotional or behavioral difficulties, child care referrals, legal and financial issues and many other topics. Phone consultations are available 24 hours a day, 7 days a week. Call (888) 300-0431 or visit the web site at [www.lifebalance.net](http://www.lifebalance.net) (our company ID is *erc* and our password is *2760*) for details. Erickson will have no knowledge of your use of the Help Line.

### Other Benefits

- Adoption assistance
- Transit passes\*
- Employee meal discount
- Emergency transportation
- Emergency assistance loans
- Savings bond program
- Discounts on baby products
- Child care discount program
- Wellness fund

\*This benefit may not be available at each Erickson location.