


<b>UNITED STATES BANKRUPTCY COURT</b> <b>Northern District of Texas (Dallas Division)</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Erickson Retirement Communities, LLC</b>		Case Number: <b>09-37010</b>
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): <b>WILSON, MARY</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: 20835747008279 WILSON, MARY 951 ELMRIDGE AVE BALTIMORE, MD 21229  <b>410 247 4689</b>		COURT CLAIM NUMBER: (If known) _____  Filed on: _____
Name and address where payment should be sent (if different from above):  RECEIVED FEB 23 2010 BMC GROUP		<input type="checkbox"/> 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: <b>410 247 4689</b>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:      \$ <u>6,000.00</u>  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.		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.
2. Basis for Claim: <b>ERICKSON &amp; PP EARNINGS</b> (See instruction #2 on reverse side.)		<input type="checkbox"/> 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: _____ (See instruction #3a on reverse side.)		<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).
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		<input checked="" 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)(____).
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. <b>EXHIBIT A ATTACHED</b>  If the documents are not available, please explain:		Amount entitled to priority: <u>\$ 6,000.00</u>  *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.
Date: <b>2/22/10</b> 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.  <b>MARY WILSON, CREDITOR</b>		FOR COURT USE ONLY  Erickson Ret. Comm. LLC  00993

# **EXHIBIT A**



August, 2008

Mary Wilson  
 951 Elm Ridge Ave  
 Baltimore, MD 21229-4838

Re: Erickson Growth Participation Plan

We are pleased to provide this informational packet summarizing your units held in the Erickson GPP as of August 2008. The information below summarizes units granted to you since 2006. Units being granted in 2008 have been pro-rated for those who became newly eligible or received an increased Unit Level during 2007. Updated values are announced annually to those who remain eligible participants.

Please retain this statement with your important personal documents as a record of your account.

### 2008 GPP Statement

Units Granted In	Total Unit Level	Annual Unit Grant	Grant Value	Current Value	Estimated to Mature and be paid in
2006	100	25	\$170	\$4,250.00	2010
2007	100	25	\$ 70	\$1,750.00	2011
2008	100	25	\$ 0	\$0.00	2012
<b>Total</b>				<b>\$6,000.00</b>	

Please note that participants in the GPP prior to 12/31/2005 will receive the final annual payment in 2009. Future GPP informational events will be held later this year. In the meantime, if you have any questions about your GPP account, please contact Mary Ann Lambrechts, 443-883-4829 (600-4829) or at [maryann.lambrechts@erickson.com](mailto:maryann.lambrechts@erickson.com).

MARY WILSON

951 ELMWOOD AVENUE  
BALTIMORE, MARYLAND 21229  
TEL. 410-247-4689 • FAX. 410-242-9178

February 22, 2010

BMC Group, Inc.  
Attn: Erickson Retirement Communities, LLC  
Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317

**SENT POSTAGE PREPAID VIA US EXPRESS MAIL,**  
**AIR BILL NO.: EH 972075612 US**

Re: Proof of Claim  
Case Number 09-37010

Dear Sir or Madame:

Enclosed herewith for filing in the above-captioned case, please find an original Proof of Claim, as well as supporting documents filed as Exhibit A. I ask that you docket them in the Claims Register of the above-captioned case.

I have also included a copy of the Proof of Claim, as well as a stamped, self-addressed envelope. I ask that once the Proof of Claim is filed, you send along the copy with a dated "**Filed**" stamp thereupon as proof of timely filing.

I would like to thank you for your courtesy and cooperation. If you have any questions, or if you need additional information, please do not hesitate to call.

Very truly yours,



Mary Wilson

MAW/psn  
Enclosures as Stated