

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):

LORRAINE E. HENDERSON

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

Name and address where notices should be sent:

20835747008385
HENDERSON, LORRAINE
1406 SECOND RD
BALTIMORE, MD 21220

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s3404
AMOUNT/CLASSIFICATION
\$1,750.00 UNSECURED

Court Claim Number: (If known)

Filed on:

FILED

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

FEB 18 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

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:

410-391-2913

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

1. Amount of Claim as of Date Case Filed: \$ 1,750.00

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.

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

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: 3375

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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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

Value of Property: \$ Annual Interest Rate %

RECEIVED
MAR 02 2010
BMC GROUP

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).

Amount of arrearage and other charges as of time case filed included in secured claim if any: \$ Basis for perfection:

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Amount of Secured Claim: \$ Amount Unsecured: \$

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 security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

Amount entitled to priority:

\$

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

*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: 2/1/10

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.

Lorraine E. Henderson LORRAINE E. HENDERSON

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



01729



Lorraine Henderson
1406 Second Avenue
Baltimore, MD 21220

Dear Lorraine,

The following is in answer to your request for information regarding your Erickson Growth Participation Plan. Your promotion on 6/5/2006 to a grade 30 job made you eligible to receive your first grant of units in 2007. Grant eligibility is based on and employee's full time status and job grade level as of December 31st the prior year.

| Year of Grant | Units Granted | Last Announced Value per Unit | Total Value |
|---------------|------------------|----------------------------------|----------------|
| 2007 | 25 | \$70 | \$1,750 |
| 2008 | 25 | no value | 0 |
| Total | | | \$1,750 |

You completed the four years of full time employment necessary to vest in the plan. Please let me know if you have any additional questions about your GPP account.

Sincerely,

A handwritten signature in cursive script that reads "Mary Ann H. Lambrechts".

Mary Ann H. Lambrechts
Sr. Compensation Analyst
410-402-2108