


UNITED STATES BANKRUPTCY COURT Northern District of Texas		PROOF OF CLAIM
Name of Debtor: Erickson Retirement Communities, LLC, et al		Case Number: 09-37010
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Board of County Commissioners of Johnson County, Kansas		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: 111 South Cherry Street, Suite 3200 Olathe, Kansas 66061		Court Claim Number: _____ (If known)
Telephone number: (913) 715-1900		Filed on: _____
Name and address where payment should be sent (if different from above): TAWANA C. MARSHALL, CLERK U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS <i>BT</i>		<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:		<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>1,729,323.11</u>		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.
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.		
2. Basis for Claim: <u>2009 real estate property taxes</u> (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: _____ BMC GROUP		<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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> 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: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ <u>35,096,120.00</u> Annual Interest Rate: <u>8</u> % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ <u>N/A</u> Basis for perfection: <u>Kansas 79-1804</u> Amount of Secured Claim: \$ <u>1,729,323.11</u> Amount Unsecured: \$ <u>N/A</u>		<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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).
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 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:		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____
Date: <u>02/17/2010</u>		FOR COURT USE ONLY Erickson Ret. Comm. LLC  01754
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. <u>/s/ Lisa R. Wetzler Asst. County Counselor</u>		

2009 REAL ESTATE PROPERTY TAX STATEMENT

Owner Name	Property No.	Bill No.	Tax District	Situation Address
KANSAS CAMPUS, LLC	NP18660000 0001	11092360054	0666UW	13750 METCALF AVE

Class	Land Assessed Value	Improvement Value	Legal Description
R	394,992	2,456,088	ERC CAMPUS SECOND PLAT LT 1 OPC 538 1
V	1,236,494		

Tax Year	Appraised Value	Assessed Value	Mill Levy	Mill Levy Tax	Specials
2009	35,096,120	4,087,574	109.0700	\$ 445,785.67	\$ 1,283,537.44

Tax Paid	Half Tax Due	Full Tax Due	Interest Due	Fees Due	Total Due
\$ 0.00	\$ 864,661.56	\$ #####	\$ 0.00	\$ 0.00	\$ 1,729,323.11

JOHNSON COUNTY TREASURER
913-715-2600

PAY AT [HTTP://TREASURER.JOCOGOV.ORG](http://TREASURER.JOCOGOV.ORG) OR 1-877-678-4785

RETURN THIS PORTION WITH PAYMENT

NP18660000 0001

Half Payment \$ 864,661.56 Full Payment \$ 1,729,323.11 Amount Enclosed \$

AMOUNT DUE ON OR BEFORE Monday, October 19, 2009

KANSAS CAMPUS, LLC
701 MAIDEN CHOICE LN
BALTIMORE MD 21228

Johnson County Treasurer
PO Box 2902
Shawnee Mission, KS 66201-1302

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