B 10 (Official Form 10) (12/08) PROOF OF CLAIM UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division) Erickson Retirement Communities, LLC Case Number: 09-37010 Name of Debtor: 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 Name and address where notices should be sent: claim. YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID: s2702 Court Claim Number:_ PARROTT, MARIAN AMOUNT/CLASSIFICATION (If known) 2310 TANGLEVALE DR \$34,587.00 UNSECURED VIENNA, VA 22181-3126 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: ck : b you are the debtor or trustee in this case. 5. Amount of Claim Entitled to 1. Amount of Claim as of Date Case Filed: Priority under 11 U.S.C. §507(a). If If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete any portion of your claim falls in one of the following categories, check the box and state the If all or part of your claim is entitled to priority, complete item 5. amount. Specify the priority of the claim. 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. Domestic support obligations under Cipried 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). 2. Basis for Claim: (See instruction #2 on reverse side.) ■ Wages, salaries, or commissions (up 3. Last four digits of any number by which creditor identifies debtor: to \$10,950*) earned within 180 days before filing of the bankruptcy 3a. Debtor may have scheduled account as: petition or cessation of the debtor's (See instruction #3a on reverse side.) business, whichever is earlier - 11 4. Secured Claim (See instruction #4 on reverse side.) U.S.C. §507 (a)(4). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). ☐ Motor Vehicle Other RECEIVED Describe: ☐ Up to \$2,425* of deposits toward MAR 08 2010 purchase, lease, or rental of property _____ Annual Interest Rate____ Value of Property:\$____ or services for personal, family, or Amount of arrearage and other charges as of time case filed included in secured claim BMC GROUP household use - 11 U.S.C. §507 (a)(7). Basis for perfection: if any: \$ Taxes or penalties owed to Amount of Secured Claim: \$__ ____ Amount Unsecured: \$__ governmental units - 11 U.S.C. §507 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. ☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__). 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. Amount entitled to priority: 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. *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with

Date: 2/27/13

If the documents are not available, please explain:

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.

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Erickson Ret. Comm. LLC

FOR COURT USE ONLY

respect to cases commenced on or after

the date of adjustment.