

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

In re:)
)
ERICKSON RETIREMENT) Case No. 09-37010 (SGJ)
COMMUNITIES, LLC, *et al.*,)
) Chapter 11
Debtors.)
) (Jointly Administered)

**JOHNSON COUNTY'S APPLICATION FOR PAYMENT OF
ADMINISTRATIVE EXPENSE CLAIM FOR
2010 REAL PROPERTY TAXES**

COMES NOW, the Board of County Commissioners of Johnson County, Kansas ("Johnson County"), by and through its counsel, and files this Application for Payment of Administrative Expense pursuant to 11 U.S.C. §503(b)(1)(B) and 11 U.S.C. §507(a)(2), and in support thereof would show as follows:

1. Debtors filed a voluntary petition under Chapter 11 of the United States Bankruptcy Code on October 19, 2009.
2. The Debtors are obligated to the County for 2010 real property taxes under K.S.A. 79-1804, incurred post-petition by the Debtors in the amount \$1,729,323.11 pursuant to 11 U.S.C. §503(b)(1)(B) and 11 U.S.C. §507(a)(2) and sections 1.2 and 2.1 of the Fourth Amended Plan of Reorganization effective April 30, 2010. Because the specific amount of debt has not been determined under Kansas law, the estimated amount of the 2010 taxes is based on the amount for the previous year, pursuant to 11 U.S.C. §502(c).
3. Copies of the administrative expense claim and tax records are attached as "Exhibit A".

WHEREFORE, premises considered, Johnson County respectfully asks that the Court, after due consideration of this Administrative Expenses Claim for 2010 Real Property Taxes, approve the same and order the Debtors to pay the 2010 taxes owing to the County as set forth in

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Paragraph Two (2), and any additional charges that have accrued since the filing of the bankruptcy petition by the Debtors, and for such other relief as may be appropriate.

Respectfully submitted,

s/ Lisa R. Wetzler

Lisa R. Wetzler KS #14173

Asst. County Counselor

Johnson County Legal Dept.

111 S. Cherry, Suite 3200

Olathe, KS 66061

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(913) 715-1900

Fax (913) 715-1873

ATTORNEY FOR BOARD OF COUNTY

COMMISSIONERS, JOHNSON COUNTY, KS

CERTIFICATE OF SERVICE

I hereby certify that on May 5, 2010, a true and correct copy of the foregoing document was filed electronically with the Court using the CM/ECF system, which sent notification to all parties of interest participating in the CM/ECF system.

s/ Lisa R. Wetzler

EXHIBIT A

ADMINISTRATIVE EXPENSE CLAIM AND REQUEST FOR PAYMENT

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Northern District of Texas		ADMINISTRATIVE PROOF OF CLAIM
Name of Debtor: Kansas Campus, L.L.C.		Case Number: 09-37024 sqi Jointly Administered 09-37010 sqi
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): 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: Lisa R. Wetzler Johnson County Legal Dept. 111 S. Cherry, Suite 3200 Olathe, KS 66061 Telephone number: (913) 715-1900 Email: Lisa.wetzler@jocogov.org		Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number:		<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. <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> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* 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 checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(2). Amount entitled to priority: \$ <u>1,729,323.11</u> *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>2010 real property taxes</u> (See instruction #2 on reverse side.) See Attached Exhibit		
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: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ <u>32,643,120.00</u> Annual Interest Rate <u>7.000</u> % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: <u>K.S.A. 79-1804</u> Amount of Secured Claim: \$ <u>1,729,323.11</u> 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.) See Attached Exhibit DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>05/05/2010</u>	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. Lisa R. Wetzler Asst. County Counselor, Johnson County, Kansas	FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Because the specific amount of the debt has not been determined under Kansas Law, the estimated amount of the 2010 taxes is based on the amount for the previous year. Johnson County reserves the right to amend this claim, if necessary, once the specific amount of the debt has been determined pursuant to state law.

**EXHIBIT TO ADMINSTRATIVE EXPENSE CLAIM OF
JOHNSON COUNTY, KANSAS**

Administrative Expense Claim for 2010 Real Property Taxes

The claim asserted herein is secured and is entitled to consideration as such under Chapter 79 of the Kansas Statutes Annotated.

Chapter: 11

Case No.: 09-37024 sj

Joint Administration: 09-37010 sj

Property Account No.: NP18660000 0001

Debtor: Kansas Campus, LLC

Claim Amount: **\$1,729,323.11**

Estimated **2010 Real Property Taxes** as allowed under 11 U.S.C. §502(c).

Interest on the 2010 taxes accrues at a rate of 7% pursuant to K.S.A. 79-2004(a) and K.S.A. 79-2968 as allowed under 11 U.S.C. §511.

Pursuant to K.S.A. 79-1804, real estate tax obligations are assessed and incurred as of January 1st of the applicable tax.

Because the specific amount of the debt has not been determined under Kansas Law, the estimated amount of the 2010 taxes is based on the amount for the previous year. Johnson County reserves the right to amend this claim, if necessary, once the specific amount of the debt has been determined pursuant to state law.

The claim asserted herein is for taxes and shall be allowed under 11 U.S.C. §503(b)(1).

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS (DALLAS)**

**In re: Erickson Retirement Communities, LLC
Case No. 09-37010**

DOCUMENTS APPENDED TO CLAIM

On May 26, 2010, the document(s) identified below were appended to Claim No. 1846 for the reason(s) indicated:

- Stipulation/Order: Docket No. _____.
- New Supporting Document(s).
- Letter dated _____ requesting of Withdrawal of Claim No. _____.
- Notice of Withdrawal of Claim filed _____, Docket No. _____, for Claim No. _____.
- Other: Docket 1432 was submitted requesting upload of the same administrative claim that was filed as docket 1433 and uploaded as claim 1846.

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor: _____		Case Number: _____
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): _____		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where notices should be sent: _____ Telephone number: _____		
Name and address where payment should be sent (if different from above): _____ Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ _____ 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* 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)(____). Amount entitled to priority: \$ _____ <i>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
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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. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: _____	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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