

1 **PROOF OF CLAIM**

2 Date claim prepared _____ Date received _____

3 Claim Number _____

4 Claimant Name: _____

5 Claimant Mailing Address _____
6 City _____ State _____ Zip _____

7 Acct # (if any) _____

8 Tax Payer ID # _____
(Note: please redact this from any document you intend to file in a public record)

9 **THE LAST DATE TO FILE CLAIMS IS _____**

10 1. Amount of Claim \$ _____

11 2. Consideration for this claim (or basis for liability):

12 3. If the claim is based on a writing, please attach a legible copy of the writing to the Proof of Claim form.

13 4. Secured claims: If you believe your claim is secured, please provide copies of all security agreements or instruments and evidence of perfection of your security interest.

14 5. Identify and describe any and all investments, payments, deposits, receipts, redemptions, credits, or repayments of any and all transactions you have had with any of the Receivership Companies. You may do this on a separate sheet.

15 6. Have you at any time been an officer, director, partner, or shareholder in any of the Receivership Companies?

16 Yes No If yes, please identify and describe on a separate sheet.

17 7. Is this claim subject to any set-off or counterclaim that you are aware of?

18 Yes No If yes, please identify and describe on a separate sheet.

19 8. Has a court judgment been rendered on your claim?

20 Yes No If yes, please identify and describe on a separate sheet.

21 9. If this claim has been obtained by assignment, please provide the original holder and a copy of the assignment or explanation of said assignment.

22 _____
Signature of Claimant or Representative

23 **Printed Name:** _____

Date Signed: _____