

**PROOF OF CLAIM**

**AFFIDAVIT FOR ESCROW CLAIMS AGAINST AMERITRUST TITLE COMPANY,  
IN RECEIVERSHIP**

Before me, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who stated under oath: "I have a claim against Escrow Funds held by Ameritrust Title Company ("Ameritrust"):

CLAIMANT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE(s): WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The details of my claim are as follows:

- A. I am claiming the amount of \$\_\_\_\_\_.
- B. The Ameritrust G.F. File number was: \_\_\_\_\_.
- C. Address of the Property in the transaction is: \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
- D. Date of the Real Estate Transaction: \_\_\_\_\_
- E. Relationship to Transaction (Buyer, Seller, Lienholder, etc.): \_\_\_\_\_
- F. Was the ESCROW CLAIM settled by Ameritrust? \_\_\_\_\_
- G. Purpose of ESCROW FUNDS held (Earnest money, repairs, etc.): \_\_\_\_\_
- H. Describe the nature of your claim and **ATTACH ALL SUPPORTING DOCUMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Failure to document your claim fully may cause it to be delayed or rejected.**

WITH THE EXCEPTION OF THE FOLLOWING, I ALONE AM ENTITLED TO FILE THIS CLAIM, AND NO OTHERS HAVE ANY INTEREST HEREIN. (SHOW HERE THE NAME OF ANY PERSONS OR FIRMS WHO HAVE AN INTEREST IN THIS CLAIM AND STATE WHAT THEIR INTEREST IS. IF THERE ARE NO OTHERS WITH AN INTEREST, WRITE 'NONE.')

I REPRESENT THAT I HAVE EXHAUSTED ALL POSSIBLE CLAIMS UNDER TITLE INSURANCE POLICIES AND ANY OTHER POLICIES RELATING TO THIS CLAIM AND THE TRANSACTION DESCRIBED ABOVE AND I HAVE REDUCED MY CLAIM BY ANY RECOVERY.

The above statements are TRUE and CORRECT. No part of the amount claimed due has been paid, and I have attached all documents and information relevant to my claim."

Signature of Claimant: \_\_\_\_\_

Printed Name of Claimant: \_\_\_\_\_

Title of Authorized Signatory, if Claimant is Company/Corporation: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas  
My Commission Expires: \_\_\_\_\_

All claim forms must be presented or postmarked on or before 11:59 p.m. Central Time, March 15, 2010, and mailed to 106 E. 6th St., STE 300, Austin, Texas 78701-3661.