

PROOF OF CLAIM

**AFFIDAVIT FOR ESCROW CLAIMS AGAINST
TEXAS NATIONS TITLE AGENCY, INC., 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 Texas Nations Title Agency, Inc. ("Texas Nations"):

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 Texas Nations G.F. File number was: _____.

C. Address of the Property in the transaction is: _____
_____ County _____ State _____

D. Closing Date of the Real Estate Transaction (if applicable): _____

E. Relationship to Transaction (Buyer, Seller, Lienholder, etc.): _____

F. Was your CLAIM settled by Texas Nations? _____

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, May 15, 2010, and mailed to 106 E. 6th St., STE 300, Austin, Texas 78701-3661.