

## **READ CAREFULLY BEFORE COMPLETING THE PROOF OF CLAIM FORM**

### **PROOF OF CLAIM INSTRUCTIONS**

**FILING DEADLINE: 11:59 P.M., C.D.T MARCH 31, 2010**

Southern Star Title Company, LLC (“Southern Star”) was placed in receivership for liquidation by order of the 53rd Judicial District Court of Travis County, Texas on January 8, 2009. Jennifer Ramsey, PC was designated the Special Deputy Receiver (“SDR”) on March 26, 2009. This Proof of Claim form is to be used if you have a claim against Southern Star and must be postmarked to the SDR no later than **11:59 P.M. CDT MARCH 31, 2010**.

*It is very important that you complete all the sections applicable to you, sign, and return the proof of claim form.*

Please follow these instructions in completing the Proof of Claim form:

1. Provide us with your full name, permanent address, phone number, and, if you have computer access, your e-mail address. During the course of the receivership proceedings, you must notify us in writing of any mailing address and telephone number change. Failure to provide us with any change in your address may cause your claim to be delayed or disallowed.
2. You must provide your social security numbers (or Tax ID number) and telephone numbers, and sign and date the Proof of Claim. Claims filed by corporations must be signed by an authorized representative, stating the capacity of the signatory. If the form is completed by someone other than the claimant, evidence of the authority to file the claim must be attached.
3. If you have assigned your right of recovery, or if your claim was assigned to you, you must indicate the assignee’s name and address and attach a copy of the assignment.
4. Indicate the type of claim and amount, if known, by checking the appropriate category and indicating the amount. If the amount of a claim is unknown, insert the word “unstated” in the amount column.
5. **YOU MUST INCLUDE ANY DOCUMENTATION SUPPORTING YOUR CLAIM.** If you fail to adequately describe or document your claim, your claim may be disallowed.
6. To reduce expenses, receipt of the Proof of Claim form by the SDR will not be acknowledged. You will receive notice at the address you have provided to us on the Proof of Claim form when your claim is processed.
7. You must disclose all deposits, cash, premiums, securities, trust funds, letters of credit, or other assets of the Southern Star Receivership that you hold or control.
8. After you complete the Proof of Claim form, review the completed form, sign, and date it. Failure to properly complete the Proof of Claim form according to these instructions may cause your claim to be delayed or disallowed.

#### **IMPORTANT NOTICE**

**MAIL THE COMPLETED AND SIGNED FORM AND ALL OF YOUR DOCUMENTATION TO:**

**SOUTHERN STAR TITLE COMPANY, LLC**

**IN RECEIVERSHIP**

**Jennifer Ramsey, PC, Special Deputy Receiver**

**P. O. Box 303123**

**Austin, Texas 78703-0053**

**Telephone: (512) 610-1614**

**THIS PROOF OF CLAIM FORM MUST BE SIGNED AND POSTMARKED**

**NO LATER THAN 11:59 PM C.D.T. on MARCH 31, 2010**

**For more information go to [www.sstitleco-receivership.com](http://www.sstitleco-receivership.com).**





**FOR AN INDIVIDUAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who has executed this instrument on such individual's own behalf, who \_\_\_\_\_ is personally known to me or who \_\_\_\_\_ has produced a driver's license or other information as identification.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**(NOTARY SEAL)**

**CONTINUE TO NEXT PAGE IF THIS CLAIM IS FILED OTHER THAN IN AN INDIVIDUAL CAPACITY.**

**FOR A CORPORATION OR LIMITED LIABILITY COMPANY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of officer or member/manager), as \_\_\_\_\_ (title of officer or member/manager) of \_\_\_\_\_ (name of corporation or limited liability company), a \_\_\_\_\_ (describe state of incorporation or legal organization, who has executed this instrument on behalf of the said entity, who \_\_\_\_\_ is personally known to me or who \_\_\_\_\_ has produced a driver's license or other information as identification.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**(NOTARY SEAL)**

**CONTINUE TO NEXT PAGE IF THIS CLAIM IS NOT FILED FOR  
A CORPORATION OR LIMITED LIABILITY COMPANY.**

**FOR A PARTNERSHIP:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of partner), as partner of \_\_\_\_\_ (describe name of partnership), a \_\_\_\_\_ (state jurisdiction in which partnership is legally organized) partnership, who executed this instrument on behalf of the said entity, who \_\_\_\_\_ is personally known to me or who \_\_\_\_\_ has produced a driver's license or other information as identification.

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)

**CONTINUE TO NEXT PAGE IF THIS CLAIM IS NOT FILED FOR  
A PARTNERSHIP.**

**FOR AN UNINCORPORATED BUSINESS ASSOCIATION OR TRUST:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of representative), on behalf of \_\_\_\_\_ (describe the name of the unincorporated business association or trust), a \_\_\_\_\_ (state jurisdiction in which unincorporated business association or trust is legally organized), who executed this instrument on behalf of the said entity, who \_\_\_\_\_ is personally known to me or who \_\_\_\_\_ has produced a driver's license or other information as identification.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)

**CONTINUE TO NEXT PAGE IF THIS CLAIM IS NOT FILED FOR AN UNINCORPORATED BUSINESS ASSOCIATION OR TRUST.**

**FOR A PUBLIC OFFICER, TRUSTEE, EXECUTOR, ADMINISTRATOR, GUARDIAN,  
OR OTHER AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of representative), as \_\_\_\_\_ (title of representative) of \_\_\_\_\_ (describe name of entity or person represented), who executed this instrument on behalf of the said entity or person represented, who \_\_\_\_\_ is personally known to me or who \_\_\_\_\_ has produced a driver's license or other information as identification.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)

**END OF PROOF OF CLAIM FORM**