

**PROOF OF CLAIM**

**AFFIDAVIT FOR CLAIMS AGAINST  
TEXAS NATIONS TITLE AGENCY, INC., IN LIQUIDATION**

Before me, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who stated under oath: "I have a claim against 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 (if applicable) 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. Is your claim for ESCROW FUNDS? If yes, state the purpose of the ESCROW FUNDS held by Texas Nations (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 ANY TITLE INSURANCE POLICIES AND/OR 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, July 15, 2010, and mailed to DKJ Group Inc., PO Box 2385, Allen, Texas 75013.