

POC# _____
GF or Claim# _____
Date Received _____

**Filing Deadline 11:59 P.M.
August 31, 2009**

**GUARDIAN FIDELITY TITLE COMPANY, LTD, ET AL. ("GUARDIAN")
IN RECEIVERSHIP FOR LIQUIDATION**

**PROOF OF CLAIM
RE: ESCROW ACCOUNT**

Name of Party Associated with Escrow Account: _____

Address of Property Associated with Account: _____

GF#: _____

Escrow Account Balance: _____

Return this completed Proof of Claim form with necessary supporting documentation
no later than 11:59 P.M. CDT on August 31, 2009, to:

BY MAIL
Cantilo & Bennett, L.L.P.
Special Deputy Receiver
Guardian Fidelity Title Company, Ltd., et al.
c/o EMKAY Associates, Inc.
P.O. Box 870
McDade, Texas 78650
ATTENTION: CLAIMS

BY OVERNIGHT OR HAND DELIVERY
Cantilo & Bennett, L.L.P.
Special Deputy Receiver
Guardian Fidelity Title Company, Ltd., et al.
EMKAY Associates, Inc
913 Marlin St.
McDade, TX 78650
ATTENTION: CLAIMS

**Please carefully read the Proof of Claim Instructions prior to completing this Proof of Claim.
Please print or type. Claims filed via email or fax will not be accepted.**

Name of Claimant

\$ _____
Total Amount of Claim

Street Address

Soc. Sec. or Tax ID Number

City State Zip

Telephone Number

E-mail Address

Facsimile Number

Tracking No. (Provide Tracking Number from Notice document if you received one.)

If the claimant is represented by an attorney, please complete the following section:
[IF YOU IDENTIFY AN ATTORNEY, ALL COMMUNICATIONS FROM THE SDR
REGARDING YOUR CLAIM WILL BE DIRECTED TO AND WITH YOUR ATTORNEY]

AFFIRMATION OF CLAIMANT

Unless noted herein: I alone am entitled to file this claim. No others have an interest in this claim. No payments have been made on the claim. No third party is liable on this debt. The sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim and all documents attached to this form are true, complete, and correct.

FOR AN INDIVIDUAL:

Signature

Print Name

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2009, by _____, who has executed this instrument on such individuals own behalf, who is personally known to me or who has produced a drivers 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 _____, 2009, 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 executed this instrument on behalf of the said entity, who is personally known to me or who has produced a drivers 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 _____, 2009, 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 partnership, who is personally known to me or who has produced a drivers 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 _____, 2009, 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 drivers 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 _____, 2009, 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 drivers license or other information as identification.

Notary Public

Printed Name: _____

My Commission Expires: _____

(NOTARY SEAL)

END OF PROOF OF CLAIM FORM