

**PROOF OF CLAIM FORM**  
**Lamesa Memorial Park, LLC, in Receivership**

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto ("Claimant"), who states under oath that the Lamesa Memorial Park, LLC is indebted to Claimant as follows:

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

ADDRESS OF CLAIMANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR TAX ID NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \_\_\_\_\_

NATURE OF CLAIM: \_\_\_\_\_

\_\_\_\_\_  
Describe any right of priority of payment or other specific rights which you assert with regard to this claim:

\_\_\_\_\_  
Describe any payments which have previously been made on this claim, including the source of payment:

\_\_\_\_\_  
Is this claim currently in litigation or being handled by a debt collector?

\_\_\_\_\_  
If so, please provide name and phone number of Claimant's attorney or debt collector:

\_\_\_\_\_  
I CERTIFY THAT THE ABOVE ACCOUNT IS TRUE AND CORRECT AND THAT NO PART OF THE AMOUNT CLAIMED TO BE DUE HAS BEEN PAID BY LAMESA MEMORIAL PARK, LLC.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Claimant's Name (Typed or Printed)

\_\_\_\_\_  
Claimant's Title

SUBSCRIBED AND SWORN TO BEFORE ME on this \_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

\_\_\_\_\_  
Printed Name of Notary

My commission expires: \_\_\_\_\_

**Note: All supporting documentation must be submitted with this Proof of Claim. If Claimant is relying upon a contract, a copy of the contract must be submitted.**

**All claims must be received by Russell Reese, Temporary Receiver, Texas Department of Banking, 2601 N. Lamar Blvd., Austin, Texas 78705 by 5:00 p.m., C.S.T., on December 9, 2016. Electronic filings (fax or email) are not accepted.**