

To Be Completed by SDR

POC# \_\_\_\_\_  
GF or Claim# \_\_\_\_\_  
Date Received \_\_\_\_\_

**Filing Deadline:**  
**11:59 p.m. CST**  
**November 15, 2016**

**MILLENNIUM CLOSING SERVICES, L.L.C., D/B/A  
MILLENNIUM TITLE**

**PROOF OF CLAIM**

Return this completed Proof of Claim form with necessary supporting documentation to one of the addresses below so that it is **received no later than 11:59 p.m. CST on November 15, 2016:**

BY MAIL:  
Special Deputy Receiver - Millennium Title  
c/o EMKAY Associates, Inc.  
P.O. Box 870  
McDade, Texas 78650  
ATTENTION: CLAIMS

BY OVERNIGHT OR HAND DELIVERY:  
Special Deputy Receiver - Millennium Title  
c/o EMKAY Associates, Inc.  
913 Marlin Street  
McDade, Texas 78650  
ATTENTION: CLAIMS

**Read the Proof of Claim Instructions carefully prior to completing this Proof of Claim.  
Please print or type.**

_____			\$ _____
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

**If the claimant is represented by an attorney, please complete the following section, and attach copy of the Power of Attorney:**

_____			_____
Name of Attorney			State Bar No.
_____			_____
Name of Law Firm			Tax ID Number
_____			_____
Street Address			Telephone Number
_____	_____	_____	_____
City	State	Zip	Facsimile Number
_____			
E-mail Address			

Provide an explanation of your claim below. Attach additional pages if necessary.


**NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM**

**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.

\_\_\_\_\_  
Signature

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

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

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_, by \_\_\_\_\_, who has executed this instrument on such individual's own behalf, who is personally known to me or who has produced a Driver License or other information as identification.

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

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

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