

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

**Filing Deadline 11:59 P.M.  
October 14, 2008**

**WEBB COUNTY TITLE & ABSTRACT COMPANY, INC. ("WCTA")  
IN RECEIVERSHIP FOR LIQUIDATION**

**PROOF OF CLAIM**

Return this completed Proof of Claim form with necessary supporting documentation **no later than 11:59 P.M. CDT on October 14, 2008**, to:

Cantilo & Bennett, L.L.P.  
Special Deputy Receiver  
Webb County Title & Abstract Company, Inc.  
c/o EMKAY Associates, Inc.  
P.O. Box 870  
McDade, Texas 78650  
ATTENTION: CLAIMS

**Please carefully read the Proof of Claim Instructions 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

\_\_\_\_\_  
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:**

\_\_\_\_\_  
Name of Attorney \_\_\_\_\_  
Bar Card No.

\_\_\_\_\_  
Name of Law Firm \_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Street Address \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City State Zip \_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
E-mail Address

**NOTE: Attach copy of Power of Attorney**



**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 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 partnership, 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**