

For Office Use Only

POC#: \_\_\_\_\_ Claim Type: \_\_\_\_\_ Date Received: \_\_\_\_\_

**SOUTHERN TITLE INSURANCE CORPORATION  
PROOF OF CLAIM FORM**

**Return this completed Proof of Claim Form with necessary supporting documentation to:**

Southern Title Insurance Corporation, in Receivership  
P.O. Box 399  
Richmond, Virginia 23218

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

|   |                                     |
|---|-------------------------------------|
| _____<br>Name of Claimant   | \$ _____<br>Total Amount of Claim   |
| _____<br>Street Address   | _____<br>Soc. Sec. or Tax ID Number |
| _____<br>City                                      State                                      Zip | _____<br>Telephone Number           |
| _____<br>E-mail Address   | _____<br>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:**

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

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

**Explanation of Claim:** \_\_\_\_\_ **Attach additional pages if necessary.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of \_\_\_\_\_ §  
County of \_\_\_\_\_ §

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 Form and all documents attached to this form are true, complete, and correct.

\_\_\_\_\_  
Signature of Claimant or Authorized Agent

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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

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