

RECEIVER-S USE ONLY
Claim No. _____
Date Rec'd. _____
Action Date _____

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION

IN THE MATTER OF THE POSSESSION
AND CONTROL OF THE COMMISSIONER
OF BANKS AND REAL ESTATE OF
INDEPENDENT TRUST CORPORATION
a/k/a INTRUST, an Illinois corporate fiduciary

Cause No. 00CH05905

TIN #36-3289551 (corporate)
TIN #36-3692908 (trust)

SWORN PROOF OF CLAIM

1. CLAIMANT INFORMATION

- A. _____
Name of Claimant
- _____
- Name and Title of Claimant's representative (if the Claimant is a corporation, partnership, trust, estate or entity other than an individual, state the name and title of the person submitting the claim on behalf of such entity)
- B. _____
Street, City, State, Zip Code of Claimant
- C. _____
Daytime Telephone No. of Claimant
- D. _____
Social Security No. or Employee Identification No. of Claimant
- E. _____
Account No. (if applicable)

2. ADDITIONAL CONTACT PERSON

Provide information for the nearest relative, friend, or the designated executor of your estate, so that correspondence or communications can be directed to them in the event of a change in your address or in your absence.

- A. _____
Name of Additional Contact Person/Relationship to Claimant
- B. _____
Street, City, State Zip Code of Additional Contact Person
- C. _____
Daytime Telephone No. of Additional Contact Person

3. CLAIM AMOUNT

\$ _____ = Amount Claimed

This represents the total amount claimed by Claimant through this Proof of Claim against Independent Trust Corporation, also known as Intrust ("Intrust"), and is net of any payments made on this claim.

4. BASIS FOR AND CALCULATION OF CLAIM

- A. The basis or grounds of liability for the amount claimed above and the method in which such claim was calculated are as follows (specifically set forth in detail all facts and legal theories which support or evidence the amount or basis of your claim):

- B. Set forth the office of Intrust where your account was administered or debt incurred (Orland Park or Chicago, Illinois):

5. **SUPPORTING DOCUMENTATION**

List the documents attached. Attach copies (DO NOT SEND ORIGINALS) of all documents which support or evidence the basis or amount of this claim, including any judgments obtained or suits filed on account of such claim:

6. **PRIORITY OF CLAIM**

If you are claiming any special priority, security or right for your claim other than as a general unsecured creditor, set forth the priority claimed, the legal basis or grounds for the asserted priority, security, or right, and attach a copy of all documents evidencing or supporting such priority, security, or right.

7. **REPRESENTATIONS AND WARRANTIES**

The undersigned represents and warrants that he or she (i) has full authority to present this claim of Claimant; (ii) has full authority to receive any payments on this claim on behalf of Claimant; (iii) this claim, or any part thereof, has not been transferred or assigned to any other person; (iv) the amount of all previous payments on this claim has been credited and deducted for the purpose of making this claim; and (v) this claim is not subject to any setoff or counterclaim. (If any of the foregoing representations are not accurate, describe all facts and attach all documents which support any disclaimer.)

**THIS CLAIM MUST BE MAILED TO THE FOLLOWING ADDRESS:
[INTRUST CLAIMS PROCESS, P. O. BOX 81770, CHICAGO, ILLINOIS
60681-1770] SO THAT IT WILL BE RECEIVED NO LATER THAN JULY
9, 2001.**

Dated: _____, 200__.

Signed: _____

Printed Name: _____

Title: _____

(if applicable)

STATE OF _____
COUNTY OF _____

Before me the undersigned notary public, on this day appeared _____
_____ (name), who being duly sworn, stated that all facts, representations and warranties stated in the foregoing claim are true
and correct.

SUBSCRIBED AND SWORN TO BEFORE ME by the above-named affiant on _____, 200__, to certify which witness my
hand and official seal.

(Seal)

(signature)
Notary Public in and for _____
County, State of _____