

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA
BIRMINGHAM DIVISION**

In re:)
)
 ULT Trust,) **CASE NO.: 2023-CV-000218.00**
)
 Petitioner.)

CREDITOR'S STATEMENT OF CLAIM

1. Who is the current creditor? _____
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor? _____
2. Where should notices and payments to the creditor be sent?
- | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) |
|---|---|
| _____
Name | _____
Name |
| _____
Number Street | _____
Number Street |
| _____
City State Zip | _____
City State Zip |
| _____
Contact Phone | _____
Contact Phone |
| _____
Contact Email | _____
Contact Email |
3. How much is the claim? \$ _____
4. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed.

5. Is all or part of the claim secured? _____ No
_____ Yes – The claim is secured by a lien on property.
Nature of Property:
____ Real Estate:
____ Motor Vehicle
____ Other, Describe _____
- Is all or part of the claim entitled to priority _____ No
_____ Yes, Describe _____

under the General Assignment for the Benefit of Creditors? (See Paragraph 6(i) of the General Assignment, attached as Exhibit B to the Petition for Administration)

6. The person completing this proof of claim must sign it and date it.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD /YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name: _____
First name Middle name Last name

Title: _____

Company: _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: _____
Number Street

City State Zip Code

Contact Phone: _____ Email: _____