

DEPARTMENT OF CORPORATIONS
Business Services and Consumer and Investor Protection



DEPENDABLE ESCROW CO.
CLAIM FORM

**Return the claim form and supporting documents
to the Department of Corporations
on or before March 1, 2011**

Date: _____

Escrow Number, Check Number or
Other Reference Number (please specify): _____

Dollar Amount Claimed: \$ _____

Name of person(s) or company making claim: _____

Mailing address and telephone number of person(s) or company making claim:

Basis for claim (attach copies of all pertinent documents, such as escrow instructions, closing
statement, copy of the check, etc.): _____

I hereby certify under penalty of perjury under the laws of the state of California that this
information is true and correct.

Date

Print Name

Signature

Return this form and supporting documents on or before March 1, 2011 to:
Department of Corporations
Kristie Jaynes, Conservator
320 W. 4th Street, Suite 750
Los Angeles, CA 90013-2344

- ◆ Securities ◆ Franchises ◆ Off-Exchange Commodities ◆ Investment and Financial Services ◆
◆ Independent Escrows ◆ Consumer and Commercial Finance Lending ◆ Residential Mortgage Lending ◆