

**HOW COMPANIES IN RECEIVERSHIP  
11401 CENTURY OAKS TER STE 310  
AUSTIN, TX 78758-8702**

**Telephone: (512) 404-6555  
Fax: (512) 404-6530**

**AFFIDAVIT OF PROOF OF SUCCESSION**

I, \_\_\_\_\_ (if signing as a successor who is an individual, type or print full name; if signing on behalf of a successor that is an entity, type or print full name and title of signer and name of entity such as: "John Q. Doe, President of ABC Builders"):

1. I was requested to submit documentation of legal successorship to the HOW Builder Distributee named below.

*Please carefully read the Proof of Succession Instructions, and type or print legibly.*

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_____ Builder Distributee Name of Record	_____ Builder Distributee's Builder Number
_____ Name of Current Successor to Builder Distributee	_____ Percentage of Builder Distributee's Distribution to Which I am a Successor (e.g., 100%, 50%)
_____ Street Address	_____ Telephone Number
_____ City                      State                      Zip	_____ Last 4 digits of Soc. Sec. or Tax I.D. No.
_____ E-mail Address, if any)	_____ Alternate Telephone Number, if any

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2. I provide the following narrative of the basis of my legal successorship to the Builder Distributee, including an explanation of how I am the successor to the percentage of the Builder Distributee's Distribution asserted above:

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3. Of the two boxes below, check the one that applies:
- After reasonable effort, I was unable to acquire any documentation of the basis of my legal successorship to the Builder Distributee and/or of the percentage interest indicated in sections 1 & 2.
  - In support of my status as legal successor to the Builder Distributee, and/or of the percentage interest indicated in sections 1 & 2, I have attached the following documentation:

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4. Of the two boxes below, check the one that applies:
- I DO NOT BELIEVE A BANKRUPTCY PROCEEDING AFFECTS THIS DISTRIBUTION. To my knowledge, the Builder Distributee has never been a debtor in bankruptcy.
  - I BELIEVE A BANKRUPTCY PROCEEDING MIGHT AFFECT THIS DISTRIBUTION. I believe the Builder Distributee has been a debtor in bankruptcy. I have attached to this affidavit a note summarizing my knowledge of these facts. This includes, if available: (1) the bankruptcy chapter under which any case proceeded, (2) the location of the bankruptcy court, (3) the case number, and (4) the address and telephone number of the U.S. Trustee in that jurisdiction.

5. I agree to and shall indemnify the estate, the Deputy Receiver, the Special Deputy Receiver, and the Liquidating Trustee of HOW Companies against any and all damages to them, and

reasonable attorney fees incurred by them, as the result of the untruth or inaccuracy of any representation set forth in this Affidavit.

6. Further affiant sayeth naught.
7. I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

**NOTE: USE THE APPLICABLE SIGNATURE PAGE THAT FOLLOWS AND DISCARD THE OTHER SIGNATURE PAGES.**

**FOR AN INDIVIDUAL:**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
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) entity, 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:**

\_\_\_\_\_  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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) entity, 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:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 FORM FOR PROOF OF SUCCESSION AFFIDAVIT**