

IMPORTANT NOTICE- PLEASE READ CAREFULLY

STATE OF ALABAMA)
)
COUNTY OF DEKALB) Dekalb County Circuit Court
) CV-2009-900101
IN RE:)
)
Liquidation of Mountain View) **NOTICE TO POLICYHOLDERS**
Memory Gardens ("Mountain View")) **AND CREDITORS**

**NOTICE AND INSTRUCTIONS TO CREDITORS AND ALL INTERESTED PARTIES
MOUNTAIN VIEW MEMORY GARDENS AND MAUSOLEUM, INC. IN LIQUIDATION**

Mountain View Memory Gardens and Mausoleum, Inc. ("Mountain View"), was placed into Receivership on June 23, 2009, in the Circuit Court for DeKalb County, Alabama (the "Receivership Court"), in Case No. CV-2009-900101. On October 16, 2013, the Receivership Court determined that Mountain View was insolvent and granted the Receiver's petition to liquidate Mountain View. Denise B. Azar, Receiver for the Alabama Department of Insurance, has been directed by the court to take possession of the Mountain View property and to liquidate its assets and business.

DEADLINE AND INSTRUCTIONS FOR FILING CLAIMS

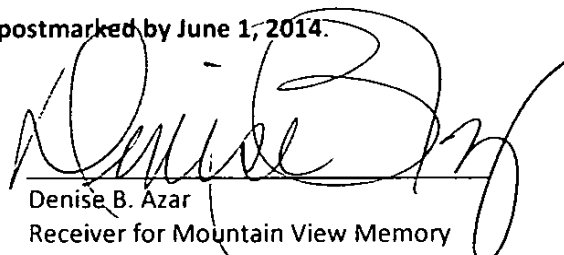
As a creditor of Mountain View, you are entitled to file a claim against the Mountain View receivership estate. There will be insufficient funds, however, to distribute monies to any claimant in this estate. The Receiver will evaluate all claims and submit a recommendation to the Receivership Court with respect to the actions to be taken thereon. The Receivership Court will set a time for hearing the claims. You will receive a future notice regarding the Receiver's recommendations and the date and time for the hearing scheduled by the Receivership Court.

According to the Court's order dated October 16, 2013, the cemetery property and any cash on hand will be transferred to an entity experienced in the funeral home and cemetery business. This entity will honor at least part of the Mountain View preneed contracts.

If you wish to file a claim in the Mountain View estate, your claim should be submitted using the attached Proof of Claim form, to:

**Denise B. Azar, Receiver
P.O. Box 303353
Montgomery, AL 36130-3353**

All Proofs of Claim or potential claims must be postmarked by June 1, 2014.


Denise B. Azar
Receiver for Mountain View Memory
Gardens and Mausoleum, Inc.

P.O. Box 303353
Montgomery, AL 36130-3353
(334) 240-7560



For Official Use Only:
 Claim No: _____

STATE OF ALABAMA DEPARTMENT OF INSURANCE
**MOUNTAIN VIEW MEMORY GARDENS AND
 MAUSOLEUM, INC.**
 IN LIQUIDATION
PROOF OF CLAIM FORM

This Proof of Claim must be completed, signed under oath, and sent by first class mail to Denise B. Azar, Receiver, Mountain View Memory Gardens and Mausoleum, Inc., Post Office Box 303353, Montgomery, AL 36130-3353, Attn: Proof of Claim. This Proof of Claim should be sent as soon as possible, but **MUST BE FILED NO LATER THAN JUNE 1, 2014, OR THE CLAIM MAY BE DENIED.**

PLEASE READ THE ACCOMPANYING NOTICE AND INSTRUCTIONS BEFORE COMPLETING THIS FORM. Mark "NA" or "Not Applicable", where appropriate. PLEASE TYPE OR PRINT. A SEPARATE PROOF OF CLAIM SHOULD BE COMPLETED AND FILED FOR EACH CLAIM.

You are making this claim as (mark one):
 Individual Corporation Partnership Agent Other
 Please explain if other _____

Please set forth the name, address and phone number of the claimant:
 Name _____
 Street Address _____
 City _____ State _____ Zip _____ Phone _____

This claim is filed as a (n) unsecured secured claim. (Mark one.)
 Total Amount Claimed \$ _____ Date claim was incurred _____

Explanation of Claim.
 Please attach documentation to support claim amount. Attach additional sheets if necessary.
 The consideration for this debt (or ground of liability) is as follows:

 If this claim is founded on a written instrument, please attach a copy of such written instrument or if it cannot be attached please set for the reason therefore.

 If you have received compensation for your claim, please state the amount of the payment received and the identity of the payer

OVER (COMPLETE OTHER SIDE)

State whether this claim is subject to any set off, counterclaim or defense:

Please set forth the identity of amount of security for the claim, if any (evidence of the security interest and its perfection should be attached):

Please set forth any right of priority of payment, or other specific right, you believe you may have:

If you have been sued or have instituted suit in connection with the claim, indicate the court, term, case number, date filed, whether judgment has been entered, and the date of judgment, if any:

If an attorney represents you in this claim, please give the following information:

Attorney's name _____ Law Firm _____
Address _____
City _____ State _____ Zip _____ Phone _____

The undersigned subscribes and affirms under penalties of perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Mountain View Memory, Inc., are true; that no payment of or on account of the aforesaid claim has been made except as above stated; that claimant has no knowledge of anyone else filing a claim on behalf of claimant; that there are no offsets, counterclaims or defense thereto except as above stated; and that claimant is not a secured creditor or claimant has no security interest, except as above stated.

To the extent that this claim arises from a cause of action the undersigned has against an insured of Mountain View Memory, Inc.; the undersigned acknowledges and agrees, by signing below, that the filing of this claim releases the insured's liability to the undersigned on that cause of action in the amount of the insured's applicable policy limit.

Claimant's Signature _____ Title, if applicable _____

Print Name _____

Telephone No. _____ Social Security or Tax ID# _____

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 20_____.

Signature of Notary Public

Printed Name of Notary Public

I am a resident of _____ County, _____ (State).

My commission expires _____.

****DEADLINE FOR FILING CLAIMS IS JUNE 1, 2014****