

U.S DEPARTMENT OF AGRICULTURE
 GRAIN INSPECTION, PACKERS AND
 STOCKYARDS ADMINISTRATION
 PACKERS AND STOCKYARDS PROGRAMS

**PROOF OF CLAIM UNDER TRUST FUND AGREEMENT ISSUED
 UNDER PROVISIONS OF THE PACKERS AND STOCKYARDS ACT, 1921,
 AS AMENDED AND SUPPLEMENTED
 (Clause One, Trust Fund Agreement)**

State of (1) _____

County (2) _____

As the undersigned, I, (3) _____,
(full name of claimant)

of (4) _____, (5) _____,
(city) (state)

being duly sworn, depose and state:

That I make this claim to (6) _____
(full name of trustee)

under the Trust Fund Agreement with security held by (7) _____,
(depository, if one named)

on behalf of (8) _____
(full name and address of principal named in trust agreement)

in the amount of (9) _____, due and owing as the sale price of livestock sold by
(amount of claim)

(10) _____
(full name and address of selling agency/registrant)

_____ for my account on a commission basis.

That as the basis of such claim, states that the following described livestock was sold on a commission
 basis for my account by (11) _____:
(name of selling agency/registrant)

(12)

Date of Sale	Number of Head	Description of Livestock	Purchase Price
			\$

That attached hereto and made a part of this claim are copies of the account of sale and/or other documents covering the livestock transaction, copies of checks issued and unpaid for the livestock sold by

(13) _____
(name of selling agency/registrant)

and other instruments indicating the consignment of the livestock in question to such agency for which payment has not been made. *(If full and complete documents of the transaction are not available or if these papers have become lost or destroyed, the claimant should insert a statement below of the facts in such respect:)*

(14) _____

That no part of said amount has been paid, and there are not setoffs or counterclaims to the same.

I hereby authorize the Grain Inspection, Packers and Stockyards Administration, Packers and Stockyard Programs to release this proof of claim form and all supporting documents attached thereto to the trustee or other interested parties to facilitate the processing of my claim.

(15) _____
(signature and title of claimant)

(16) Subscribed and sworn to before me this _____ day of _____, 20____.

(17) _____

(18) Notary Public for the State of _____

(19) Residing at _____

My commission expires

(20) _____ *(seal)*

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