

ROBERT H. FABIAN
Receiver of Peoples Temple of the Disciples of Christ
(San Francisco Superior Court No. 746571)
220 Bush St.
San Francisco, CA 94104
(415) 362-2822

February 12, 1979

RE: Filing Claims and Demands Against the People's
Temple of the Disciples of Christ

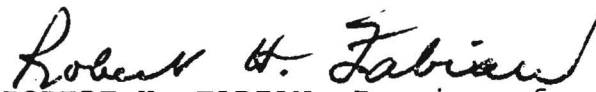
Dear Sir or Madam:

As you may know, on January 26, 1979, the Superior Court in and for the City and County of San Francisco, the Honorable Ira A. Brown, Jr., presiding, entered an Order Assuming Jurisdiction of Winding Up of People's Temple. Pursuant to the terms of that Order, all persons having claims against People's Temple of the Disciples of Christ will be barred from possible participation in any distribution of the general assets of the corporation unless they file or present claims and proofs on or before 11:59 p.m. (midnight) on May 31, 1979.

For your convenience I have enclosed a copy of the Notice to Creditors of People's Temple of the Disciples of Christ. The Notice explains the procedure for filing claims, and I have also enclosed an appropriate claim form.

Please read these materials carefully. As stated above, if you intend to file a claim you must complete the enclosed claim form and return it, along with proof of the claim, to Robert H. Fabian, 220 Bush Street, San Francisco, California 94104, on or before May 31, 1979.

Sincerely,


ROBERT H. FABIAN, Receiver for
PEOPLE'S TEMPLE OF THE
DISCIPLES OF CHRIST

Enclosures

NOTICE TO CREDITORS OF PEOPLES TEMPLE
OF THE DISCIPLES OF CHRIST

To creditors and claimants of Peoples Temple of the Disciples of Christ, a California non-profit corporation:

NOTICE IS HEREBY GIVEN that voluntary proceedings have been commenced for winding up and dissolution of Peoples Temple of the Disciples of Christ, a California non-profit corporation, in the Superior Court of the State of California, in and for the County of San Francisco, and the said Court has assumed jurisdiction over such proceedings as authorized by §§ 1904 and 9801 of the Corporations Code.

Pursuant to an order by the Court dated as of January 23, 1979, all claims and demands against the aforementioned corporation, whether due or not yet due, contingent, unliquidated, or sounding only in damages must be filed with proof thereof with Robert H. Fabian, Esq., the duly appointed Receiver for Peoples Temple, at 220 Bush Street, San Francisco, California 94104 within four months after the date of first publication of this notice. All such persons having claims against said corporation will be barred from participation in any distribution of the general assets of said corporation if they fail to file or present claims and proofs within the time and at the place specified in this notice. The first publication of the Notice is January 31, 1979. The four-month period expires at 11:59 p.m. (Midnight) on May 31, 1979.

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IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SAN FRANCISCO

PEOPLES TEMPLE OF THE)
DISCIPLES OF CHRIST,)
)
Petitioner,)
)
Vs.)
)
THE ATTORNEY GENERAL OF)
CALIFORNIA,)
)
Defendant.)
_____)

No. 746571

PROOF OF CLAIM

1. State name, address and telephone number of claimant:

2. If claim is filed by an officer, agent or attorney for claimant, state name, address and telephone number of such officer, agent or attorney:

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3. Petitioner is indebted (or liable) to this claimant in the sum of \$ _____.
4. The consideration for this debt (or ground of liability) is as follows (attach additional pages if necessary):

_____.
5. [If the claim is founded upon a writing.] The writing or writings upon which this claim is founded (or a copy thereof) is attached hereto.
6. No judgment has been rendered on this claim except:

_____.
7. This claim is not subject to any setoff or counterclaim except:

_____.
8. The amount of all payments on this claim has been credited and deducted for purposes of making this proof of claim.
9. State all security held for said claim and attach any writings which evidence such security:

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10. If claimant claims a priority, state the amount and basis for such priority:

\$ _____
Total Amount Claimed

Name of Claimant:

Signature:

Claim No. _____
(For office use only.)