

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

SEP 12 2017

RICK WARREN
COURT CLERK

36 _____

STATE OF OKLAHOMA, ex rel.)
JOHN D. DOAK, Insurance Commissioner,)
))
Petitioner,)
))
v.)
))
NEW CROWN MANAGEMENT)
CORPORATION, INC., d/b/a CROWN HILL)
CEMETERY merchandise trust and perpetual)
care fund in the State of Oklahoma)
))
Defendant.)

Case No. CV-2016-175

**ORDER ESTABLISHING DEADLINE TO OBJECT TO RECEIVER'S SECOND
REPORT ON CLAIMS EVALUATION AND CONFIRMATION OF RECEIVER'S
RECOMMENDATION AND SETTING HEARING DATE AND OBJECTION
DEADLINE ON THE RECEIVER'S REPORT**

On the 12 day of September, 2017, the Receiver's Second Report on Claims Evaluation and Request for Confirmation of Receiver's Recommendation having been filed, the matter comes on before me the undersigned Judge of the District Court.

The Court finds that those claims identified on the Exhibits to the Receiver's Second Report have been evaluated and a recommendation has been made by the Receiver for the treatment of the claims. Pursuant to 36 O.S. § 1918, the Court hereby establishes October 2, 2017 by which any objections to the Receiver's determination of the claims shall be filed. Any response to the objections by the Receiver shall be filed by October 16, 2017, or such further date as the Court may allow.

The Receiver's Second Report, any objections and responses shall be set for hearing on November 16, 2017, at 10:00 a.m. before the undersigned Judge of the District Court, or at such time as the Court may continue the matter.

The Court further finds that the Notice of Hearing as proposed by the Receiver is proper in all respects and hereby orders counsel for the Receiver to give notice by first class mail, postage prepaid, to the claimants whose claims are identified on the Exhibits to the Receiver's Second Report at the address so stated on the claim.

DON ANDREWS

JUDGE OF THE DISTRICT COURT

CERTIFIED COPY
AS FILED OF RECORD
IN DISTRICT COURT

SEP 12 2017

RICK WARREN COURT CLERK
Oklahoma County

Rick Warren

APPROVED AS TO FORM:

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