<u>Kalima v State of Hawai'i Settlement</u> <u>Deceased Settlement Class Member Information Request Form</u>

Under Hawai'i law, the money awarded to a deceased person will pass to persons named in a will or trust, or to certain family members if there is no will or trust ("intestate estate"). Probate court approval is required to approve the distribution of an intestate estate to family members. For that reason, please send us information about the deceased Settlement Class Member's family using the following form.

We are sorry for your loss. We will send you more information about the probate process in the future.

PLEASE COMPLETE THIS FORM AND MAIL OR EMAIL IT TO:

Kalima Claims Administrator P.O. Box 135035 Honolulu, HI 96801 info@kalima-lawsuit.com

If you have any questions regarding this Settlement, you may contact the Claims Administrator by mail, email, or phone at 808-650-5551 or 833-639-1308. Please include your name and return address in all correspondence.

DECEASED SETTLEMENT CLASS MEMBER INFORMATION

First Name:	MI: Last Name:
Place of Death:	
Date Death: Da	te of Birth:
MM DD YYYY N	MM DD YYYY
Last 4 Digits of Social Security Number:	
DID THE DECEASED SETTLEMENT CLASS A	MEMBER HAVE A WILL OR TRUST? (please provide a
copy of the documents)	TEMPER INVERT WIEL OR TREST: (please provide a
□ WILL □ TRUST □ UN	IKNOWN
PLEASE PROVIDE THE NAME AND CONTACT II	NFORMATION OF THE EXECUTOR OR TRUSTEE
First Name:	MI: Last Name:
Address:	
City:	State: ZIP Code:
Telephone:	
Email:	

FAMILY REPRESENTATIVE INFORMATION

If you are a relative of a deceased Settlement Class Member, please designate a person to be your family representative for this Settlement. The representative will serve as the point of communication during the processing of the deceased Settlement Class Member's claim. If you are an heir or devisee, agreeing to act as a representative does not entitle you to receive any additional Settlement proceeds that are paid to the deceased person's estate.

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IF THE DECEASED SETTLEMENT CLASS MEMBER DID NOT HAVE A WILL OR TRUST, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH OF THE DECEASED'S CHILDREN AND/OR THE DECEASED SPOUSE'S CHILDREN, IF ANY.

CHILD 1: First Name: MI: Last Name: Address: City: State: ZIP Code: Telephone: Email: IS THIS CHILD CURRENTLY RECEIVING PUBLIC BENEFITS, A MINOR, OR UNDER A DISABILITY THAT IMPACTS LEGAL CAPACITY? YES NO NAME OF THE CHILD'S FATHER First Name: Last Name: MI: NAME OF THE CHILD'S MOTHER First Name: MI: Last Name: IS THIS CHILD LIVING? YES NO NO IF THIS CHILD IS NOT LIVING, PLEASE PROVIDE THE NAME(S), AGE(S) AND ADDRESS(ES) OF HIS/HER CHILDREN, IF ANY:

CHILD 2:	М	I										
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THAT IMPACTS LEGAL CAPACITY? YES NO NAME OF THE CHILD'S FATHER First Name:	MI:	Last Na	me:			<u> </u>						
NAME OF THE CHILD'S MOTHER								1	<u> </u>	<u> </u>		
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IS THIS CHILD LIVING?												
YES NO												
IF THIS CHILD IS NOT LIVING, PLEASE PRHIS/HER CHILDREN, IF ANY:	OVIDE	THE N	AME((S), A	GE(S	s) A	ND	AD	DR	ESS	(ES	b) O
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PLEASE ADD ADDITIONAL PAGES TO LIST ALL CHILDREN OF THE DECEASED SETTLEMENT CLASS MEMBER. YOU DO NOT NEED TO RECOPY THIS FORM.