Kalima v State of Hawai'i Settlement Information Request Form

Aloha. Please use this form to provide current addresses for living Settlement Class Members and deceased Class Members' family representatives and family members.

PLEASE COMPLETE THIS FORM AND MAIL IT TO THE FOLLOWING ADDRESS:

Kalima Claims Administrator P.O. Box 135035 Honolulu, Hawai'i 96801

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

CLASS MEMBER INFORMATION: First Name: MI: Last Name: Address: City: ZIP Code: State: Telephone: Email: Last 4 of Social Security Number: Date of Birth: DD MM **FAMILY REPRESENTATIVE INFORMATION:** If the Class Member is deceased or incapacitated, please designate a Family Representative to receive information about the Settlement. Representative Name: First Name: MI: Last Name: Address: City: State: ZIP Code: Telephone: Email: Relationship to Class Member:

DECEASED CLASS MEMBER FAMILY INFORMATION

Aloha. If you are a relative of a deceased 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 Class Member's claim. Agreeing to act as a representative does not entitle you to receive any settlement proceeds that are paid to the deceased person's estate.

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 also send us information about the deceased Class Member's family.

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

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If the deceased Class Member did not have a will or trust, please provide the following information for each of the deceased's children.

CHILD 1:	
First Name:	MI: Last Name:
Address:	
City:	State: ZIP Code:
Telephone:	
Email:	
Is this child living?	
Yes No	
If this child is not living, please provide the name(s) of his c	n her children
if this clind is not fiving, please provide the name(s) of ms	in not children.
CHILD 2:	
First Name:	MI: Last Name:
Address:	
City:	State: ZIP Code:
Telephone:	
Email:	
Email:	
Is this child living?	

PLEASE ADD ADDITIONAL PAGES TO LIST ALL CHILDREN OF THE DECEASED CLASS MEMBER. YOU DO NOT NEED TO RECOPY THIS FORM.