

DETAILED FAMILY INFORMATION FORM

INSTRUCTIONS:

- 1) Complete one form per Deceased Class Member. The submission of multiple forms will delay processing.
- 2) Designate a person to be your family representative for this Settlement. This person will serve as the point of communication during processing. This does NOT entitle the person to receive any additional Settlement Payment.
- 3) Answer ALL of the following questions and provide the requested information and/or documentation. Failure to provide the information will result in a delay in processing and disbursement of any Settlement Payment.
- 4) If additional space is necessary to respond to any of the questions, please use additional sheets of paper. You do not need to copy this form.
- 5) Some of the information may have already been provided; however, additional information is needed to ensure that the Settlement Payment is disbursed to the correct heirs and devisees.

DECEASED CLASS MEMBER INFORMATION

Tracking Number: _____ (this is the 4 digit number on the address sheet enclosed with this Notice)

First Name: _____ Middle Name: _____ Last Name: _____

Last 4 of Social Security Number: _____

FAMILY REPRESENTATIVE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Relationship to Deceased Class Member: _____

FAMILY INFORMATION

1. Was the Deceased Class Member's spouse alive at the time of the Deceased Class Member's death?

YES _____

NO _____

If YES, please provide the surviving spouse's full name and address:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

2. Did the surviving spouse identified in Question 1 have children who were NOT also the children of the Deceased Class Member?

YES _____ NO _____

If YES, please provide the child(ren)'s full name(s) and address(es):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

3. Does the Deceased Class Member have children who are NOT also the children of the surviving spouse (named in Question 1)?

YES _____ NO _____

If YES, please provide the child(ren)'s full name(s) and address(es) along with their birth certificate(s):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Birth Certificate attached: YES _____ NO _____

4. Provide the names and addresses of ALL of the Deceased Class Members' children (whether living or deceased). If deceased, please write "Deceased" in the address fields and provide their Death Certificate.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Death Certificate attached: YES _____ NO _____

5. Did any of the Deceased Class Member's children die PRIOR to the Deceased Class Member's death?

YES _____ NO _____

If YES, please provide the names and address of all the children's children (i.e., the Deceased Class Member's grandchildren) along with their birth certificates:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Mother's Name: _____

Father's Name: _____

Birth Certificate attached: YES _____ NO _____

6. Did the parents of the Deceased Class Member survive the Deceased Class Member?

YES _____ NO _____

If YES, please provide the name of the parent(s) that survived the Deceased Class Member along with the address(es):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

7. Provide the names and addresses of the descendants of the parents (i.e., siblings of the Deceased Class Member).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

Representative Name: _____

Representative Signature: _____

Dated: _____