

## **CLAIM FORM PACKET**

- You are receiving this packet because you are a member of the Settlement Class. Please complete this packet by \_\_\_\_\_, have your signature notarized (Page 10) and return it to: \_\_\_\_\_.
  
- This Claim Form Packet includes the following documents:
  - Page 1: Claimant Information and Other Payment Information
  - Page 2: Spreadsheet to Identify Basic Household Items Destroyed in the Fire
  - Page 3: Spreadsheet to Identify Additional Items Destroyed in the Fire
  - Pages 4-8: Additional Supplemental Spreadsheets
  - Page 9: Spreadsheet to Identify Out-Of-Pocket Expenses and Relocation Expenses
  - Page 10: Signature Page and Notary Page

**\*Any falsification of information by a Claimant on any of these forms may be prosecuted to the fullest extent of the law.**

**CLAIM FORM**

**Claimant Information**

Name of Individual Completing Form: \_\_\_\_\_ (Print)

Name of Each Resident/Occupant in Apartment: \_\_\_\_\_ (Print)

Name of Each Guest in Apartment: \_\_\_\_\_ Russell Building Apartment No. \_\_\_\_\_ Number of Bedrooms in Unit: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

**Other Payment Information**

Payments Received from AvalonBay: Did you receive a \$1,000 payment from AvalonBay after the fire? \_\_\_\_\_

Did you receive any additional payments from AvalonBay after the fire? Please explain. \_\_\_\_\_

Payments Received from Insurance Carrier(s):

Name of Renters Insurance Carrier(s): \_\_\_\_\_ Amount of Payments Received: \_\_\_\_\_

**\*In order to process your claim, written documentation from your renters insurance carrier or other insurance carrier is required to confirm the policy number(s), amounts of coverage, and amounts and dates of all payments received or confirmation that claims have been denied.**

Identify all other Payments Received from any other Third-Parties following The Fire (including, without limitation, gifts, donations, etc.):

Name of Entity or Individual: \_\_\_\_\_ Amount of Payments Received: \_\_\_\_\_

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Name of Entity or Individual: \_\_\_\_\_ Amount of Payments Received: \_\_\_\_\_

(Please identify each item that you lost in the fire separately. For example, if you lost two watches, please itemize each item separately.)

<u>Room</u> (e.g., Living Room, Dining Room, etc.)	<u>Description of Item</u>	<u>Name of Owner of Item</u>	<u>Brand of Item</u>	<u>Make or Model of Item</u>	<u>Date Purchased or Obtained Item</u>	<u>Age of Item at Time of Fire</u>	<u>Purchase Price of Item</u>	<u>Cost to Replace Item</u>	<u>Documentation to Support Ownership and/or Value</u> (Identify documents and attach as Exhibit 1, 2, 3, etc.)
<b>Basic Household Items Destroyed in the Fire</b>									

(Please identify each item that you lost in the fire separately. For example, if you lost two watches, please itemize each item separately.)

<u>Room</u> (e.g., Living Room, Dining Room, etc.)	<u>Description of Item</u>	<u>Name of Owner of Item</u>	<u>Brand of Item</u>	<u>Make or Model of Item</u>	<u>Date Purchased or Obtained Item</u>	<u>Age of Item at Time of Fire</u>	<u>Purchase Price of Item</u>	<u>Cost to Replace Item</u>	<u>Documentation to Support Ownership and/or Value</u> (Identify documents and attach as Exhibit 1, 2, 3, etc.)
<b>Additional Items Destroyed in the Fire</b>									

(Please identify each item that you lost in the fire separately. For example, if you lost two watches, please itemize each item separately.)

<u>Room</u> (e.g., Living Room, Dining Room, etc.)	<u>Description of Item</u>	<u>Name of Owner of Item</u>	<u>Brand of Item</u>	<u>Make or Model of Item</u>	<u>Date Purchased or Obtained Item</u>	<u>Age of Item at Time of Fire</u>	<u>Purchase Price of Item</u>	<u>Cost to Replace Item</u>	<u>Documentation to Support Ownership and/or Value</u> (Identify documents and attach as Exhibit 1, 2, 3, etc.)

(Please identify each item that you lost in the fire separately. For example, if you lost two watches, please itemize each item separately.)

<u>Room</u> (e.g., Living Room, Dining Room, etc.)	<u>Description of Item</u>	<u>Name of Owner of Item</u>	<u>Brand of Item</u>	<u>Make or Model of Item</u>	<u>Date Purchased or Obtained Item</u>	<u>Age of Item at Time of Fire</u>	<u>Purchase Price of Item</u>	<u>Cost to Replace Item</u>	<u>Documentation to Support Ownership and/or Value</u> (Identify documents and attach as Exhibit 1, 2, 3, etc.)

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(Please identify each item that you lost in the fire separately. For example, if you lost two watches, please itemize each item separately.)

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(Please identify each item that you lost in the fire separately. For example, if you lost two watches, please itemize each item separately.)

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(Please identify each expense that you incurred as a result of the fire separately.)

<u>Date of Expense</u>	<u>Description of Expense</u>	<u>Name of Individual(s) Incurring Expense</u>	<u>Price or Amount of Expense</u>	<u>Documentation to Support Proof of Payment</u> (Identify documents and attach as Exhibit 1, 2, 3, etc.)
<b>Out-Of-Pocket and Relocation Expenses</b>				

**SIGNATURE AND NOTARY PAGE**

I \_\_\_\_\_[insert name] hereby certify under penalty of perjury that the information included in this Claim Form and any supplemental pages is accurate to the best of my knowledge. I further understand and acknowledge that any falsification of information included in these forms may be prosecuted to the fullest extent of the law.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_ signed the foregoing Claim Form, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Claim Form, she/he executed the same voluntarily.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_