CLAIM FORM PACKET

You are re	eiving this packet because you are a member of the Settlement Class. Please complete this packe	≥t
by	_, have your signature notarized (Page 10) and return it to:	

- > This Claim Form Packet includes the following documents:
 - O Page 1: Claimant Information and Other Payment Information
 - o Page 2: Spreadsheet to Identify Basic Household Items Destroyed in the Fire
 - o Page 3: Spreadsheet to Identify Additional Items Destroyed in the Fire
 - o Pages 4-8: Additional Supplemental Spreadsheets
 - o 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

<u>Claimant Information</u>								
Name of Individual Completing Form: (Prir	nt)							
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 na	yment from AvalonBay after the fire?							
	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 th	e 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 you number(s), amounts of coverage, and amounts and dates of all pa	r renters insurance carrier or other insurance carrier is required to confirm the policy syments 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:							
Name of Entity or Individual:	Amount of Payments Received:							
Name of Entity or Individual:	Amount of Payments Received:							
Name of Entity or Individual:	Amount of Payments Received:							

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Room (e.g., Living Room, Dining Room, etc.)	Description of Item	Name of Owner of Item	Brand of Item	Make or Model of Item	<u>Date</u> <u>Purchased</u> <u>or Obtained</u> <u>Item</u>	Age of Item at Time of Fire	Purchase Price of Item	Cost to Replace Item	Documentation to Support Ownership and/or Value (Identify documents and attach as Exhibit 1, 2, 3, etc.)
			Basic House	ehold Items Dest	royed in the Eir				
			Dasic House	enoid items best	oyeu iii tile Fil				

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Room (e.g., Living Room, Dining Room, etc.)	Description of Item	Name of Owner of Item	Brand of Item	Make or Model of Item	Date Purchased or Obtained Item	Age of Item at Time of Fire	Purchase Price of Item	Cost to Replace Item	Documentation to Support Ownership and/or Value (Identify documents and attach as Exhibit 1, 2, 3, etc.)
			۸ ddi+io	nal Items Destroy	ad in the Fire				
			Addition	iai items Destroy	eu iii tile rire				

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

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

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

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

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

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

Date of Expense	Description of Expense	Name of Individual(s) Incurring Expense	Price or Amount of Expense	Documentation to Support Proof of Payment (Identify documents and attach as Exhibit 1,
		Out-Of-Pocket and Reloca	tion Evnances	2, 3, etc.)
		Out-Oi-Pocket and Reloca	ition expenses	

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: