

CLAIM FORM PACKET

- **You are receiving this packet because you are a member of the Settlement Class. This Claim Form Packet must be completed and postmarked no later than 30 days after you receive notice that the settlement received final approval at the Final Fairness Hearing, currently scheduled for July 11, 2017. Please complete this packet by this deadline, have your signature notarized (Page 10) and return it to:**

Attention: AvalonBay Settlement Claims Adjuster

File No. 1000186152

c/o Engle Martin & Associates

90 Broad Street, Suite 903

New York, NY 10004

Phone: 212.867.5583

Fax: 212.867.5584

Email: avalonbayclassaction@englemartin.com

- **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.

(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.)
Basic Household Items Destroyed in the Fire									

(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.)
Additional Items Destroyed in the Fire									

(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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Additional Items Destroyed in the Fire									

(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.)
Out-Of-Pocket and Relocation 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 _____, 2017.

Notary Public
My Commission Expires: _____