

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: _____

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: _____

(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.)

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