

LINCOLN PARK CLASS ACTION SETTLEMENT CLAIM FORM

To file your claim online, visit www.lincolnparksettlement.com

INSTRUCTIONS

To receive any benefits in the class action settlement in *WALTER HINTON, ET AL., Case No. CACE 07 30358* And *RAY ADDERLEY, ET AL., Case No. CACE11008499*, you **must** complete this Claim Form.

If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Claim Form online, rather than on this paper Claim Form. Go to www.lincolnparksettlement.com to submit your Claim Form online.

If you do not have access to a computer with an internet connection and must utilize the paper Claim Form, please complete it and send it to the Administrator by mail to **Lincoln Park Settlement, c/o Court-Appointed Neutral, 229 South Brevard St., Suite 300, Charlotte, NC 28202**, or by email to team@lincolnparkclaimform.com with a postmark date (for mailing) or transmission date (for email) of no later than **the dates below**:

- If you are filing a claim for Property Damage Payment: November 17, 2021
- If you are filing a claim to enroll in the Medical Monitoring Program: November 17, 2021 (unless a good cause is shown for an extension).

This Claim Form requests that you provide certain documentation associated with class membership eligibility. You must submit this requested documentation in order for your claim to be considered.

Your responses to this confidential Claim Form will be kept confidential and will only be used to administer benefits in this class action settlement.

When completing this Claim Form, refer to the accompanying Frequently Asked Questions "FAQ" which contains detailed instructions and helpful definitions for completing and submitting the Claim Form. **If you have questions not answered by the FAQ, call 1-855-907-2127.**

How would you like us to contact you

We will use this information to determine the best way to contact you regarding your benefits and additional information needed.

I want to receive all future communications from the Administrator in the following language (check only one):

English

Spanish

I want to receive all future communications from the Administrator in the following manner (check only one):

E-Mail

Mail

Class Member Information

We will use this information to contact you regarding your eligibility for benefits and additional information needed. If any of the following information changes, you must promptly notify us by e-mailing team@lincolnparkclaimform.com (or, by mail to Lincoln Park Settlement, c/o Court-Appointed Neutral, 229 South Brevard St., Suite 300, Charlotte, NC 28202).

Name (Required):	First	Middle Initial	Last
Street Address (Required):	Street Address		
	Apt. No.		
	City		
	Zip		
Phone Number:			
Email Address:			
Social Security Number (Required):			
Date of Birth (Required):			

Representative Information

Complete below if you are registering as the authorized representative of someone else who is a Class Member. Representatives may include legal guardians of minor Class Members, representatives of estates of deceased Class Members or representatives of legally incompetent Class Members. If you complete this section, all communications from the Administrator will be directed to you as the authorized representative of the Class Member. If any of the following information changes, you must

promptly notify us by e-mailing team@lincolnparkclaimform.com (or, by mail to Lincoln Park Settlement, c/o Court-Appointed Neutral, 229 South Brevard St., Suite 300, Charlotte, NC 28202).			
Check all that apply to the Class Member for whom you are an authorized representative	<input type="checkbox"/> Minor <input type="checkbox"/> Person Lacking Capacity or Incompetent Person <input type="checkbox"/> Deceased Person		
Relationship to Class Member (e.g. family member)			
Representative Name (Required):	First	Middle Initial	Last
Street Address (Required):	Street Address		
	Apt. No.		
	City		
	Zip		
Phone Number:			
Email Address:			
Documentation Required for Authorized Representatives	Identify the authority giving you, the authorized representative, the right to act on behalf of the Class Member identified in this Claim Form. You must provide copies of documentation verifying your authority to act, such as a power of attorney or a court order stating your authority to act, or if no such documents are available, documents establishing your legal relationship to the Class Member identified in this Claim Form.		

Attorney Information

The Court has appointed Reginald Clyne of Quintairos, Prieto, Wood & Boyer and Louise Caro of Napoli Shkolnik, PLLC to represent you and other Class Members (“Class Counsel”). You will not be charged by these lawyers for their work on the case. If you want to be represented by a lawyer other than the Court-Appointed Class Counsel referenced above, you may hire one at your own expense.

Complete this section **only if** you are represented by an attorney other than the Court-Appointed Class Counsel in connection with your claim.

If you complete this section, all communications from the Administrator will be directed to the attorney you identify below, unless your attorney instructs the Administrator otherwise in writing.

If any of the following information changes, you must promptly notify us by e-mailing team@lincolnparkclaimform.com (or, by mail to Lincoln Park Settlement, c/o Court-Appointed Neutral, 229 South Brevard St., Suite 300, Charlotte, NC 28202).

Are you represented by an attorney other than the Court-Appointed Class Counsel in connection with your claim?

Yes

No

If you answered "yes", please complete the following:

Law Firm Name:		
Attorney Name:	First	Last
Law Firm Mailing Address (Required):	Street Address	
	No.	
	City	
	Zip	
Attorney Phone Number:		
Attorney Email Address:		

Benefit Elections

Property Damage Class Fund

Includes current property owners of residential property located within the Lincoln Park Area of Impact. In order to qualify for property damage benefits, you must currently own residential property in the Area of Impact (as of the Effective Date of this settlement). A map of the Area of Impact is available on the website at www.lincolnparksettlement.com.

Are you filing a claim to the Property Damage Class Fund?

Yes

No

If you answered "yes", please complete the following:	
Street Address (Required):	Street Address
	Apt. No.
	City
	Zip
Date Residential Property was Purchased	
Proof Requirements	<p>Class Member must demonstrate ownership of the residential property as of July 13, 2020 from at least one of the following sources. Please check which forms of documentary evidence you are submitting to establish your status as a property owner:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Utility bill <input type="checkbox"/> Property tax bill <input type="checkbox"/> Mortgage payments <input type="checkbox"/> Deed <input type="checkbox"/> Homeowner's insurance bill <p>Note: the documentary proof submitted with the Claim Form must be as of July 13, 2020 to qualify for the Property Damage Class Fund.</p>

<p>Medical Monitoring Class Fund</p> <p>Includes any person subjected to exposure to elevated levels of arsenic, dioxin and certain other environmental contaminants that emanated from the Lincoln Park incinerator. Exposure includes:</p> <ul style="list-style-type: none"> • living in the Durrs Neighborhood for 10 years or more from anytime as early as 1928 to the present; OR • attending Lincoln Park Elementary School, including after-school programs within the school's facilities, anytime between 1960 to 2003; OR • playing in Lincoln Park (while residing in the Durrs Neighborhood for the 10-year exposure period and / or attending Lincoln Park Elementary School) up until the time it was closed for remediation in 2002.
<p>Are you filing a claim to the Medical Monitoring Class Fund?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

If you answered “yes”, please complete the following:

Please select all the following that apply to you.

- Resided in Durrs Neighborhood for 10 years or more from anytime as early as 1928 to the present date;
- Attended Lincoln Park Elementary School, including after-school programs within the school’s facilities, anytime between 1960 to 2003;
- Played in Lincoln Park (while residing in the Durrs Neighborhood for the 10-year exposure period and / or attending Lincoln Park Elementary School) up until the time it was closed for remediation in 2002.

Based on your selection, complete the following detailed information:

Resided in the Durrs Neighborhood	
First Date of Residence When did you begin living in the Durrs Neighborhood? Approximate dates are acceptable.	
<p>Do you currently still reside in the Durrs Neighborhood?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If you answered “no”, please provide the last date that you lived in the Durrs Neighborhood.</p>	
Last Date of Residence When did you last live in the Durrs Neighborhood? Approximate dates are acceptable.	
Please provide your last residential address in the Durrs Neighborhood.	
Street Address (Required):	Street Address
	Apt. No.
	City
	Zip
Proof Requirements	Class Member must demonstrate proof of residency in the Durrs Neighborhood at any time between 1928 and the present from at least one of the following sources:

	<input type="checkbox"/> State-issued identification <input type="checkbox"/> Utility bills <input type="checkbox"/> Other types of bills or bank statements or mail addressed to name and address above AND <input type="checkbox"/> Declaration from Class Member and third party (such as a family member, neighbor, or friend) signed under penalty of perjury that the Class Member resided in the Durrs Neighborhood for a minimum of 10 years. (See www.lincolnparksettlement.com for an example of an acceptable declaration)
--	--

Attended Lincoln Park Elementary School	
First Date of Attendance When did you begin attending Lincoln Park Elementary School? Approximate dates are acceptable.	
Last Date of Attendance When did you last attend Lincoln Park Elementary School? Approximate dates are acceptable.	
Please provide your last residential address while attending Lincoln Park Elementary	
Street Address (Required):	Street Address
	Apt. No.
	City
	Zip
Proof Requirements	Class Member must demonstrate proof that they attended Lincoln Park Elementary School by submitting at least one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> School certificate <input type="checkbox"/> Photo from yearbook <input type="checkbox"/> Declaration from Class Member and third party (such as a family member, neighbor, or friend) signed under penalty of perjury that the Class Member attended Lincoln

	<p>Park Elementary School and/or after care at the school between 1960 and 2003. (See www.lincolnparksettlement.com for an example of an acceptable declaration)</p>
--	---

Played in Lincoln Park	
Dates Played in Lincoln Park Approximately when did you play in Lincoln Park? Years are acceptable.	
Explain your time in Lincoln Park	
Please provide your last residential address while playing in Lincoln Park	
Street Address (Required):	Street Address
	Apt. No.
	City
	Zip
Proof Requirements	<p>Class Member must attest under penalty of perjury that they played in Lincoln Park.</p> <p><input type="checkbox"/> Declaration from Class Member and third party (such as a family member, neighbor, or friend) signed under penalty of perjury that Class Member played in Lincoln Park up until the time it was closed for remediation in 2002. (See www.lincolnparksettlement.com for an example of an acceptable declaration)</p>

Class Bodily Injury Fund Payment

Includes any member of the Property Damage Class or Medical Monitoring Class who is not a named plaintiff in the litigation and who, within a period of one (1) year after the Effective Date, establishes exposure within the Lincoln Park Area of Impact and demonstrates bodily injury associated with exposure to the satisfaction of the Court-Appointed Neutral overseeing the settlement.

Note: The Class Bodily Injury Fund has a separate claims process that will commence on upon the Effective Date of the Settlement. Please see www.lincolnparksettlement.com or contact the Administrator at team@lincolnparkclaimform.com or 1-855-907-2127 for more information on how to submit a claim. You must submit a claim within one year of the Effective Date of the settlement in order to be eligible to receive a payment from the Class Bodily Injury Fund.

Signature

I certify under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and correct to the best of my knowledge. I understand the Administrator may contact me to request further verification of the information provided in this Claim Form.

Signature of Class Member (or Class Member's Representative)

Signature:	Date:
Print Name:	

Signature of Attorney of Class Member (if any)

Signature:	Date:
Print Name:	