

Must be postmarked or submitted online no later than October 31, 2022

PLAINS OIL SPILL SETTLEMENT
C/O JND LEGAL ADMINISTRATION
P.O. BOX 91450
SEATTLE, WA 98111
WWW.PLAINSOILSPILLSETTLEMENT.COM

APO

Plains Oil Spill Settlement Property Class Claim Form

You are a Property Class Member if you owned or leased residential beachfront property or property with a private easement to a beach where oil from the 2015 Santa Barbara oil spill washed up and the oiling was categorized as heavy, moderate, or light.

You can find out if you are a Property Class Member by going to www.PlainsOilSpillSettlement.com.

You must submit a separate Property Class Claim Form for each Assessor's Parcel Number ("APN") or property address for which you are seeking a Settlement payment.

The Settlement Administrator relies on the analyses of Plaintiffs' experts to identify Property Class members and determine settlement payment amounts. You are not required to submit individual property records, appraisals or other valuation documentation to obtain a payment unless it is necessary to verify identity, membership in the Class, to resolve disputes, or as otherwise requested by the Settlement Administrator.

If you are eligible for a settlement payment, you are allowed to direct the Settlement Administrator to designate a portion of your payment to another person or entity. That recipient must also submit a Claim Form in order to receive funds directly from the Settlement Administrator. If the recipient does not claim the funds, the amount you designated for them will be distributed to you.

Designated Recipients: If you are a Designated Recipient of a portion of a Property Claimant's Award, please complete Section 1 of this Claim Form.

For more information and complete instructions, please review the **Plan of Distribution for the Property Class**, available at www.PlainsOilSpillSettlement.com.

Claims must be submitted online or postmarked by mail no later than October 31, 2022.

Use the address at the top of this form for mailed claims.

Please note that the Settlement Administrator may contact you to request additional documents to process your claim.

SECTION 1: CLAIMANT NAME AND CONTACT INFORMATION

We will use this information to contact you and process your Property Class claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@PlainsOilSpillSettlement.com.

1. CLAIMANT NAME:	
2. ALTERNATIVE NAME(S) (IF ANY):	
3. MAILING ADDRESS:	Street Address
	Apt. No.
	City
	State
	Zip
4. PHONE NUMBERS:	() - - () - - <small style="margin-left: 100px;">Area Code</small>
5. EMAIL ADDRESS:	
6. SSN, EIN, TAXPAYER ID OR FOREIGN ID NUMBER (IF NOT A U.S. CITIZEN):	
7. DATE OF BIRTH (IF APPLICABLE):	_____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>
8. CLAIMANT ID NUMBER (FOUND ON THE UPPER LEFT HAND SIDE OF THE NOTICE YOU RECEIVED*)	

*If you did not receive a Notice containing a Claimant ID number, you may request one by contacting the Settlement Administrator.

Questions? Visit www.PlainsOilSpillSettlement.com or call 1-844-202-9486
 To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

SECTION 2: PROPERTY INFORMATION

You must submit a separate claim form for each APN or property address for which you are seeking a Settlement payment.

1. ASSESSOR PARCEL NUMBER (APN) AS OF MAY 19, 2015 (IF AVAILABLE)	
2. PROPERTY ADDRESS AS OF MAY 19, 2015 (IF APPLICABLE)	Street Address
	Apt. No.
	City
	State
	Zip

SECTION 3: DESIGNATED RECOVERY

DESIGNATED RECOVERY: If you wish to designate a portion of the recovery for this claimant to another person or entity, please provide their information below. You may attach additional sheets if needed.

The persons or entities listed below must also submit a separate claim form to receive a payment from the Settlement.

DESIGNATED RECIPIENT NAME	MAILING ADDRESS	PERCENTAGE (%) OF YOUR RECOVERY DESIGNATED

SECTION 4: ATTESTATION AND SIGNATURE

To be eligible to receive a settlement payment, you must have not already received reimbursement and fully released all claims against Plains through a prior individual settlement. Amounts received as partial or interim payment, without a full release of claims, (for example through the OPA claims process, or as result of court-ordered restitution without settlement in *People v. Plains All American Pipeline, L.P.*, No. 1495091), will be treated as an offset to Recovery from this Settlement.

Check box below to attest:

- I attest that I have not executed a full release of all claims against Plains as a result of receiving a prior individual settlement payment.**

I affirm, on penalty of perjury, that I am the person, or entity representative, who is identified on the property records as of May 19, 2015, for which recovery is sought, that I, and the persons I have designated, are entitled to the Recovery requested, and that all of the information contained in this claim form is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information to the Settlement Administrator before my claim is complete.

Signature:

Dated:

Print Name: