

UNITED STATES COURT OF FEDERAL CLAIMS

STEPHANIE MERCIER, et al. §
Plaintiffs, §
v. § CIVIL ACTION NO. 12-920C
THE UNITED STATES OF AMERICA, §
Defendant. §

CLASS ACTION SETTLEMENT
HEIRSHIP/BENEFICIARY INFORMATION FORM

The information in this form is solicited to assist the Settlement Administrator in the allocation and distribution of monies attributable to the interests of persons included in the Class definition who are now deceased ("Deceased Class Members"). If you are an heir or beneficiary of a Deceased Class Member and thereby believe you are entitled to receive all, or some portion, of the Net Settlement Fund allocable to a Deceased Class Member under the Settlement Agreement, then you must provide the information set forth below, sign and notarize, and mail the completed form in a postage-prepaid envelope, to the Settlement Administrator listed below, postmarked no later than October 15, 2021.

You should send your completed form to

Class Action Administrator: Mercier, et al. v. USA
PO Box 26108
Richmond, VA 23260

If you have any questions about this form, please write the Settlement Administrator at the address above, or call the Settlement Administrator at 1-888-594-2070.

The provision of an Heirship Form is requested as an aid to the Settlement Administrator in the distribution of the Net Settlement Fund. In the absence of an Heirship Form, the Settlement Administration may allocate and distribute that portion of the Net Settlement Fund attributable to a Deceased Class Member's interests to the estate of the Deceased Class Member, with any such payment to be made payable to the estate of the Deceased Class Member and sent to such mailing address for the estate as may be readily ascertainable by the Settlement Administrator.

Requested Information

A. Provide the following information about the person submitting this form:

1. Current Name:

2. Current Address:

3. Current Telephone Number:

Home (_____) _____

Cell (_____) _____

4. Relationship to the Deceased Class Member: _____

B. Provide the following information about the Deceased Class Member to whom this Heirship Form pertains:

1. Name: _____

2. The approximate date of the Deceased Class Member's death:

3. Provide the Deceased Class Member's Class ID number:

C. List the name and address and relationship of each person and/or entity who is an heir or beneficiary of the Deceased Class Member and succeeded to the Deceased Class Member's interests in this case (e.g., 1/2, 1/3, etc.) of the Deceased Class Member's interests to which each such person or entity succeeded:

D. Attach copies of documents, such as a will, heirship affidavit, muniment of title, judgment or other probate documents, transfer orders, division orders, and like documents, which evidence

that the undersigned and the persons identified in paragraph C, above, succeeded to the Deceased Class Member's interests.

Your signature on this Heirship Form constitutes a representation that the information contained in this form and the documents provided with the form, are true and correct, to the best of your knowledge, information, or belief.

_____ Date

_____ Signature

State of _____

County of _____

On _____, _____, before me, a Notary Public in and for said County, personally appeared _____, who acknowledged that he/she/they did sign the foregoing documentation and that it is their act and deed.

Signature/Notary Public _____

Name/Notary Public _____

My commission expires _____