

SESA2



Case No. BC421528

Claim Form

I. Claimant Information

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Address		
<input type="text"/>		
Continuation of Primary Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Area code

Telephone number (home)

 - -

Area code

Telephone number (work)

 - -

Social Security Number

 - -

You must complete this Claim Form to be eligible to receive benefits under the Settlement Agreement. You must also sign this Claim Form where indicated and mail it to the address listed below. It must be postmarked no later than June 5, 2014. You may also submit a Claim Form online at www.edenclassaction.com. Claim Forms that are postmarked or submitted online after that date will not be accepted.

Claims Administrator
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

II. Claim Information

You may submit claims for multiple graves. Please include all requested information for each grave for which you are submitting a claim. Please only list graves for which:

- A) You purchased any interment rights (plots), goods or services at Eden during Class Period (Feb. 7, 1985 through Sept. 10, 2009); or
- B) You authorized the burial of a loved one at Eden during the Class Period (Feb. 7, 1985 through Sept. 10, 2009); or
- C) You are the Authorized Representative of a Deceased Person who would qualify under Categories (A) or (B) above.

Please note that missing information will not necessarily disqualify your Claim.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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III: Authorized Representative Only

(If you are submitting a claim as an Authorized Representative of a Deceased Person please complete and sign the declaration below).

I declare under penalty of perjury that the Deceased, _____, died on _____ in the county and state of _____, and that 1) no proceeding is now pending in California for administration of the decedent's estate; 2) the affiant or declarant is the decedent's successor in interest (as defined in Section 377.11 of the California Code of Civil Procedure) and succeeds to the decedent's interest in the action or proceeding, OR the affiant or declarant is authorized to act on behalf of the decedent's successor in interest (as defined in Section 377.11 of the California Code of Civil Procedure) with respect to the decedent's interest in the action or proceeding; 3) no other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding; and 4) the affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

IV. Certification (All claimants must sign).

I hereby certify that:

- A) I purchased interment rights (plots), goods or services at Eden during the Class Period (Feb. 7, 1985 through Sept. 10, 2009); or
- B) I authorized the burial of a loved one at Eden during the Class Period (Feb. 7, 1985 through Sept. 10, 2009); or
- C) I am the Authorized Representative of a Deceased Person who would qualify under Categories (A) or (B) above.

Signature

Date

V. Claim Form Filing

You may file your Claim online at www.edenclassaction.com or by mailing your completed Claim Form using the self-addressed, postage prepaid envelope that is enclosed to the following address:

Claims Administrator for Eden Class Action
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

If you move or change your mailing address, it is your responsibility to send the Claims Administrator your new address and contact information to ensure receipt of further notices and any settlement payment. If you have any questions or need assistance you may contact the Claims Administrator at 1-888-211-8314.



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