

NEXT OF KIN FORM

This is not a Claim Form. This is ONLY to be used if you are filing a claim on behalf of a currently deceased person in the Calogero v. Shows, Cali & Walsh settlement, and it should be returned WITH a claim form filled out on behalf of the deceased

Your Mailing Address

Apt No.

City

State

Zip

Your Social Security Number

(Your Full Name)

I hereby certify that _____ died on _____.
(Name of Class Member) (Date of death)

My relationship to the Deceased is _____¹, and I certify that I am the
Deceased's duly authorized representative or closest living relative.

Attached hereto is a copy of my Letters Testamentary/Letters of Administration, **OR** (if
no estate has been opened, the Deceased's death certificate.

I understand that in submitting this form, together with a Claim Form, and accepting the
payment due to the Deceased under the Settlement of their claims in the captioned action, I am
obligating myself to share their recovery with anyone who has an interest in it under the law, and
abide by the terms of the Settlement, including the obligation of confidentiality.

**I declare pursuant to 28 U.S.C. Sec. 1746 that the information provided is true and correct to the
best of my knowledge, information, and belief.**

Signature

Date

¹ Payment will be made to the Class Member's estate through their estate representative, or, in the event there is no estate, to the Class Member's next of kin in the following priority: (1) spouse; (2) children; (3) parents; (4) siblings; and (5) other relatives.

NEXT OF KIN FORM

I have included with this form (check one)

Letters Testamentary or Letters of Administration ☐

Copy of the Death Certificate because no estate has been opened ☐

To be sent by mail or email attachment,

POSTMARKED OR RECEIVED NO LATER THAN MARCH 3, 2025, TO:

Calogero v. Shows, Cali & Walsh Settlement Administrator
c/o SSI, an Epiq Company
P.O. Box 2715
Portland, OR 97208-2715
Email: claims@ssiclaims.com

