

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES  
IN RE GRAND VIEW MEMORIAL PARK LITIGATION, CASE NO. BC 342549**

**CLAIM FORM AND INSTRUCTIONS**

IT IS IMPORTANT THAT YOU READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY.

YOU MUST SUBMIT A SEPARATE CLAIM FORM FOR EACH DECEDENT. YOU MAY COPY THIS FORM OR OBTAIN ADDITIONAL COPIES BY WRITING TO:

**Grand View Claims Administrator  
c/o Desmond, Marcello & Amster  
P.O. Box 451999  
Los Angeles, CA 90045**

OR BY PRINTING THEM FROM THE SETTLEMENT WEBSITE AT [www.dmaclasseaction.com](http://www.dmaclasseaction.com)

**YOU MUST MAIL ALL COMPLETED FORMS TO THE CLAIMS ADMINISTRATOR BY DECEMBER 7, 2009**

PLEASE COMPLETE THE ENTIRE CLAIM FORM.

PLEASE USE BLUE OR BLACK INK AND PRINT NEATLY USING ONLY ONE BOX FOR EACH LETTER.

**CLAIMANT INFORMATION**

<b>ID Number:</b>	<input type="text"/>	<small>(If you received notice of the settlement in the mail, please copy your ID number from the mailing label. Otherwise, leave blank. Your ID number should be nine-digits long and begin with the numbers "185")</small>										
<b>Your Name:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><small>First Name</small></td> <td style="border: none;"><small>Middle Initial</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="border: none;"><small>Last Name</small></td> <td style="border: none;"><small>Suffix (e.g. Jr, Sr, III)</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<small>First Name</small>	<small>Middle Initial</small>	<input type="text"/>	<input type="text"/>	<small>Last Name</small>	<small>Suffix (e.g. Jr, Sr, III)</small>	<input type="text"/>	<input type="text"/>			
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<small>Last Name</small>	<small>Suffix (e.g. Jr, Sr, III)</small>											
<input type="text"/>	<input type="text"/>											
<b>Your Home Address:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><small>Street</small></td> <td style="border: none;"><small>Apt. / Unit / Space #</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="border: none;"><small>City</small></td> <td style="border: none;"><small>State</small></td> <td style="border: none;"><small>Zip Code</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<small>Street</small>	<small>Apt. / Unit / Space #</small>	<input type="text"/>	<input type="text"/>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<b>Your Mailing Address: (If Different)</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><small>Street</small></td> <td style="border: none;"><small>Apt. / Unit / Space #</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="border: none;"><small>City</small></td> <td style="border: none;"><small>State</small></td> <td style="border: none;"><small>Zip Code</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<small>Street</small>	<small>Apt. / Unit / Space #</small>	<input type="text"/>	<input type="text"/>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<b>Your Telephone Numbers:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><small>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/></small></td> <td style="border: none;"><small>Home</small></td> </tr> <tr> <td style="border: none;"><small>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/></small></td> <td style="border: none;"><small>Cell or Pager</small></td> </tr> </table>	<small>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/></small>	<small>Home</small>	<small>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/></small>	<small>Cell or Pager</small>							
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<small>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/></small>	<small>Cell or Pager</small>											
<b>Your Social Security Number:</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<b>Your Birth Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>										
		<small>Month                  Day                  Year</small>										

**DECEDENT INFORMATION**

<b>Decedent's Name:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><small>First Name</small></td> <td style="border: none;"><small>Middle Initial</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="border: none;"><small>Last Name</small></td> <td style="border: none;"><small>Suffix (e.g. Jr, Sr, III)</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<small>First Name</small>	<small>Middle Initial</small>	<input type="text"/>	<input type="text"/>	<small>Last Name</small>	<small>Suffix (e.g. Jr, Sr, III)</small>	<input type="text"/>	<input type="text"/>	
	<small>First Name</small>	<small>Middle Initial</small>								
<input type="text"/>	<input type="text"/>									
<small>Last Name</small>	<small>Suffix (e.g. Jr, Sr, III)</small>									
<input type="text"/>	<input type="text"/>									



**DECEDENT INFORMATION (CONTINUED)**

<b>Decedent's Date of Death:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> /              <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> /              <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Decedent's Date of Burial:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> /              <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> /              <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
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The term "Defendants" includes, and refers to for the purposes of this form, Grand View Memorial Park, Inc., Grand View partners, Inc., Grand View Memorial Park, Grand View Crematory (a.k.a. Grand View Creamtory), Professional Mortuary Trasport Services, and Kiefer & Eyerick Mortuary.

**Did you contract with any of the Defendants for funeral or burial services for the decedent?**     YES     NO

If you answered "NO" to the preceding question, please list the name of the Person who contracted with Defendants for the funeral or burial services for the decedent, if known. If you answered "YES" to the preceding question, please provide documentary proof of payment in full of the contract, or a sworn statement under penalty of perjury that such payments were made.

First Name	Last Name

**Were you aware of the death of the decedent?**     YES     NO

**Were you aware that funeral or burial services were being performed for the decedent at the time the services occurred?**     YES     NO

**Were you a person for whose benefit such funeral or burial services were performed?**     YES     NO

**Did you live with the decedent at the time of the decedent's death?**     YES     NO

**The decedent was your:**     SPOUSE                       CHILD                       PARENT  
 (Select only 1 choice:)     BROTHER or SISTER             GRANDPARENT             GRANDCHILD  
 OTHER   
 (Please specify your relationship if "OTHER" is selected.)

**THE SETTLEMENT REQUIRES THAT YOU PROVIDE DOCUMENTARY PROOF OF YOUR RELATIONSHIP TO THE DECEDENT. ACCEPTABLE PROOF SHALL CONSIST OF BIRTH CERTIFICATE(S), DEATH CERTIFICATE(S), MARRIAGE LICENSE(S), OR, IN SOME CASES, OTHER STATE ISSUED DOCUMENTATION. YOU MUST SUBMIT A COPY OF THE DOCUMENT(S) WITH YOUR CLAIM FORM. FAILURE TO PROVIDE ADEQUATE PROOF OF YOUR RELATIONSHIP MAY RESULT IN THE DENIAL OF YOUR CLAIM. IF YOU ARE UNABLE TO OBTAIN THE NECESSARY DOCUMENTS, PLEASE EXPLAIN YOUR REASONS IN WRITING ON A SEPARATE PIECE OF PAPER.**

**RELEASE AND CERTIFICATION**

By submitting this Claim Form, I state that I believe in good faith that I am a member of the settlement class as defined in the Notice; that I have read and understood the contents of the Notice; that I did not file a request to exclude myself from (or "opt out") of the settlement class; and that I believe that I am entitled to participate in the proposed settlement described in the Notice. I agree and understand that, if the proposed settlement is approved by the Court and becomes effective, all claims, demands, and causes of action against the Defendants relating to or arising out of Grand View Memorial Park will be released as set forth in the settlement agreement.

I certify under penalty of perjury under the laws of the State of California and the United States that I am authorized to make this claim and that the information on the front and back of this form (and in any attached documents) is true, correct and complete. I understand that, if I submit, or cause to be submitted, a false claim, I will waive any and all rights I have under the settlement (including but not limited to the right to receive money), and I will be required to reimburse the settlement fund for any and all money paid in connection with the false claim.

**Dated:**   /   /    

Month Day Year

\_\_\_\_\_   
 Your Signature

For Admin Use Only

CP  Y     N     X

R     Y     N     X

**THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR AND POSTMARKED ON OR BEFORE DECEMBER 7, 2009**

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