Christopher B. Chandler, et al., v.
Long Beach Care Center, Inc., et al.
Los Angeles Superior Court
Case No. BC403866.

Must Be Postmarked No Later Than September 24, 2015

CDLER5

Claim Form

<<Barcode>> <<ClaimID>>
<<FirstName>> <<LastName>>
<<Addr1>> <<Addr2>>
<<City>>, <<State>> <<Zip>>

Name / Mailing Address Changes:

_____

_____

_____

(_____) _____
Home Telephone Number

Settlement Class Member: If you are a resident or former resident of a facility named in the Notice, please provide the information below.

Email Address

Daytime Phone Number — —

Social Security Number — —

IMPORTANT: To qualify for compensation as part of the settlement, you must sign the following Claim Form or a document containing the information in this Claim Form under penalty of perjury.

You may file only one Claim Form. You must select and fill in one of the following four (4) Options.

If at some time during the Class Period you lived in Torrance Care Center East or Torrance Care Center West, or, if you are the Successor in Interest for a deceased former resident of one of the Facilities during the Class Period, please complete either Option (1), Option (2), Option (3), or Option (4):

Option (1) – PLEASE FILL IN THE CIRCLE BELOW IF YOU WERE A RESIDENT OF TORRANCE CARE CENTER EAST DURING THE CLASS PERIOD

○ At some time during the period of February 9, 2008 to July 15, 2013, I resided in Torrance Care Center East.

Option (2) – PLEASE FILL IN THE CIRCLE BELOW IF YOU WERE A RESIDENT OF TORRANCE CARE CENTER WEST DURING THE CLASS PERIOD

○ At some time during the period of February 9, 2008 to July 15, 2013, I resided in Torrance Care Center West.

Option (3) – PLEASE FILL IN THE CIRCLE BELOW IF YOU ARE A SUCCESSOR IN INTEREST TO A DECEASED FORMER RESIDENT OF TORRANCE CARE CENTER EAST

○ I am the Successor in Interest to a deceased individual who at some time during the period of February 9, 2008 to July 15, 2013 resided in Torrance Care Center East.

Option (4) – PLEASE FILL IN THE CIRCLE BELOW IF YOU ARE A SUCCESSOR IN INTEREST TO A DECEASED FORMER RESIDENT OF TORRANCE CARE CENTER WEST

○ I am the Successor in Interest to a deceased individual who at some time during the period of February 9, 2008 to July 15, 2013 resided in Torrance Care Center West.

FOR CLAIMS PROCESSING ONLY	OB	CB	○ DOC ○ LC ○ REV	○ RED ○ A ○ B

DRAFT

Representative(s) of Class Member: If you are submitting this Claim Form **on behalf of a Class Member** (a Class Member is a resident or former resident of a named facility during the Class Period), please complete the following:

In addition, if you are submitting this Claim Form on behalf of a Class Member who is now deceased, you must complete the enclosed **Declaration Under Probate Code Section 13100** and submit it with this Claim Form.

First Name | M.I. | Last Name

Representative Capacity

Primary Address

Continuation of Primary Address

City | State | Zip Code

Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation

Email Address

Area code — Telephone number (home) — | Area code — Telephone number (work) —

<u>Regardless of which of the foregoing four Options you selected, the following applies to you:</u>

I realize that by reason of the Settlement described herein, I shall be deemed to have fully, finally, and forever released, relinquished and discharged the Settling Defendants and certain of their affiliated entities and persons from any and all claims in the action entitled *Christopher B. Chandler, et al., v. Long Beach Care Center, Inc., et al.,* Case No. BC403866, pending in Los Angeles Superior Court, based only on the alleged violations by Defendants: (1) California Health & Safety Code § 1430(b) based on alleged violations of Health & Safety Code sections 1276.5 or 1599.1(a) only, and (2) the Consumer Legal Remedies Act based on alleged violations of Health & Safety Code sections 1276.5 or 1599.1(a) only, arising from the operations of Long Beach Care Center and The Palmcrest Grand Care Center. This does not include personal injury claims. Claims for personal injuries (if any) have been specifically excluded from the Released Claims, and, as such, are not being released as part of the Settlement.

I understand that this claim form is being submitted in a proceeding before the Superior Court of the State of California, County of Los Angeles. I further affirm that the information contained in this form is true and correct, and make the representations contained herein under penalty of perjury.

Name of Resident | Signature of Resident or Responsible Party

Street Address

City | State | Zip

IMPORTANT: To have your claim considered, you must mail this form, or a document containing the information requested in this form and your affirmation of that information executed under penalty of perjury, to Gilardi & Co. LLC, P.O. Box 8060, San Rafael, CA 94912-8060. Your claim must be postmarked on or before September 24, 2015 (no later than 30 days from the mailing of the notice).

PLEASE DO NOT TELEPHONE THE CLERK OF THE COURT

Dated:

BY ORDER OF THE SUPERIOR COURT
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

DRAFT