### **BrassCraft Settlement Claims Administrator**

P.O. Box 301134

Los Angeles CA, 90030-1134

## **BAO**

LEGAL NOTICE

# «Barcode»

Postal Service: Please do not mark barcode

Claim#: BAO-«ClaimID»-«MailRec»

«FirstName» «LastName»

«CO»

«Address2»

«Address1»

«City», «State» «Zip»

«Country»

Houze, et al. v. BrassCraft Manufacturing Company, et al., Case No. BC493276 Superior Court of the State of California – County of Los Angeles

### BRASSCRAFT YELLOW BRASS SETTLEMENT CLAIM FORM

Settlement Benefits may be available for Eligible Conditions in Covered Products by submitting this Claim Form to the BrassCraft Claims Administrator.

### YOU MUST SIGN AND DATE THIS CLAIM FORM ON PAGE 4 TO BEGIN THE CLAIM HANDLING PROCESS.

) Claimant Information													
Name of Property Owner:													
Address of Property Owner:													
Street:													
City:								State:		Zip:			
LIST ALL PROPERTY OW	NERS. If	there are	addition	al own	ers, atta	ach a li	st with	each addi	tional ov	vner's na	me and	address.	
If you are making a claim for	r a <u>busines</u>	ss or entit	<u>ty</u> , provid	le the f	ollowin	ng:							
Name of business or entity:													
Name of person submitting cla	aim on bel	nalf of bu	siness or	entity									
Position or Title:													
Address of Property Owner:							'		'				
Street:													
City:								State:		Zip:			
Are you (or the business or e	ntity ident	ified abo	ve) the c	urrent	owner o	of the p	ropert	y? [	YF	S	NO	)	











If NO, what dates did you (or the business or entity) own the property?							Ŧ	-
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QUESTIONS? CALL 1-888-633-9195 OR VISIT WWW.BCYELLOWBRASSSETTLEMENT.COMPage 1 of 4







2) Claim	ant (	Conta	ct Inf	orm	atior	ı/Ma	iling	Ad	dres	s																	٠
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City:																	Sta	ate:			7	Zip:					
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The photographs you submit with this Claim Form must show both: (1) BrassCraft or other Covered Product brand manufacture stamp if those stamps appear on the Covered Product; AND (2) Date of Manufacture stamp if those stamps appear on the Covered Product. For help locating the (1) BrassCraft or other Covered Product brand manufacture stamp and (2) Date of Manufacture stamp on supply stops and water connectors, go to www.BCyellowbrasssettlement.com.

**NOTE**: If the Covered Product does not have a BrassCraft or other Covered Product brand manufacture stamp and/or Date of Manufacture stamp, you must either (1) submit proof of purchase or (2) sign Affidavit "A" at the end of this Claim Form that confirms the Covered Product(s) was in a newly constructed Property Unit for which a certificate of occupancy was issued within ten years of the date on the Claim Form, or that the Covered Product was purchased within ten years of the date on the Claim Form.

QUESTIONS? CALL 1-888-633-9195 OR VISIT WWW.BCYELLOWBRASSSETTLEMENT.COM







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Proof of Eligible Conditions in a Covered Product(s)			
To determine if you have Exterior Meringue Deposits, an Occlusion, an Inoperable Valve handle, or a Leak, see Section 7 of the Notice or go to www.BCyellowbrasssettlement.co			
A. Are you making a claim for an <b>Exterior Meringue Deposit</b> ?	Y	ES	NO
If YES, which of the following is your chosen Settlement Benefit? (CHOOSE ONE)			
Five years of Extended Settlement Benefit Coverage against Leaks, OR			
A Replacement Part (Residential only, limited to 15 replacement parts)			
To submit a valid claim for Exterior Meringue Deposits, the photographs you submit wi show the claimed Exterior Meringue Deposits caused by corrosion of the Covered P			
<b>B.</b> Are you making a claim for an Occlusion? (limited to 3 replacement parts)	Y	ES	NO
To submit a valid claim for an Occlusion, the photographs you submit with this Claim the Covered Product in service. You must also complete and sign Affidavit "B" at the entire that the control of the Covered Product in service.	im Form must nd of this Claim	show Form.	
<b>C.</b> Are you making a claim for an <u>Inoperable Valve handle</u> ? (limited to 3 replacement p	parts)	ES	NO
To submit a valid claim for an Inoperable Valve handle, the photographs you submit we Form must show the Covered Product in service and Exterior Meringue Deposits paround the valve stem. You must also complete and sign Affidavit "B" at the end of this	lainly visible		
D. Are you making a claim for a <u>Leak</u> ?	Y	ES	NO
To submit a valid claim, you must submit the Covered Product(s) to the Claim	c Administrate		
following instructions, to confirm an Eligible Condition:			
following instructions, to confirm an Eligible Condition:  Upon receipt of your completed and signed Claim Form and photographs of the Covered a Covered Product is confirmed, the Claims Administrator will provide you with a return label for return of the Covered Product(s) to BrassCraft. Upon receipt of the return shipping you have sixty (60) days to return the Covered Product(s) to BrassCraft or the Claims Administrator.	Product(s), and shipping authoring authorization	after a Lo ization ar and pre-	eak Claim involvi nd pre-paid shippi -paid shipping lab
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F. Did you experience more than \$5,000 in Property Damage resulting from a Leak?	YES	NO
If YES, choose one of the following:		
I elect to limit my claim to \$5,000 in Property Damage.		

I elect to waive the benefits of this settlement and pursue my own individual claim with my own counsel in a separate lawsuit.

The Settlement gives Class Members with more than \$5,000 in Property Damage the option to either (1) make a claim for a maximum payment of \$5,000 per Residential or Commercial Property Unit, regardless of the amount of actual damages claimed; or (2) file an individual lawsuit against BrassCraft, waiving the benefits provided for in Settlement Agreement.













7)	Prior	Adir	idication	of (	laims

			4
<b>7</b> )	Prior Adjudication of Claims		•
	Have you or someone on your behalf (e.g., insurance comp claims related to this Property Unit adjudicated on the merithis action?		
	YES NO		
8)	Signature Verification		
	IMPORTANT DEADLINES: Claims for Exterior Mering three years of the date the Settlement Agreement becomes fi Leaks must be made within ninety days of the Effective Day whichever date is later. Claims for property damage as The Effective Date shall be posted to the settlement websit Settlement Agreement becomes final.  I DECLARE UNDER PENALTY OF PERJURY THE RETAIN AND TO ALLOW AN EXAMINATION OF MINFORMATION IF REQUIRED BY THE SETTLEMI PRODUCTS SUBMITTED TO THE CLAIMS AD BRASSCRAFT MANUFACTURING COMPANY AND FINAL DETERMINATION OF MY CLAIM, INCLUSED IN THE PART AT MY EXPENSE.	inal (the "Effective Date"). Claims for Productate or within ninety days of the date of a Leal a result of a Leak must be made within the www.BCyellowbrasssettlement.com within IAT THE ABOVE INFORMATION IS TO THE ABOVE INFORMATION IS TO THE ABOVE INFORMATION IS TO THE ACKNOWLEDGE THE MINISTRATOR SHALL BECOME TO MAY BE DISPOSED OF WITHOUT NOT THE DETERMINATION OF ANY IS DENIED BECAUSE THE PART IS	t Replacement Costs for k in a Covered Product, two years of the Leak. 10 days of the date the TRUE. I AGREE TO TS TO VERIFY THIS HAT ANY COVERED HE PROPERTY OF TOTICE AFTER THE APPEALS TO THE NOT A COVERED
		SJECT PROPERTY MUST SIGN THIS	
	CLAIM FORM TO BEGIN	THE CLAIM HANDLING PROCESS.	
	Owner Signature:	Date (mm/dd/yyyy):	_//
	Co-Owner Signature:	Date (mm/dd/yyyy):	_/
	Business or Entity Signature:	Date (mm/dd/yyyy):	//
	Please make a copy of the completed form for your records.		
	Mail or Deliver to: BrassCraft Settlement Claims A	dministrator, P.O. Box 40007, College Station	, TX 77842-4007
	AFFIDAVIT (	OF CLAIMANT "A"	
	(To be completed and signed by property with no BrassCraft or other Covered Product bran	owner making a claim for a Covered Product(ad manufacture stamp and/or date of manufacture)	
	ereby declare under the penalty of perjury that (check all that a	·	
	I am making a claim for <b>Exterior Meringue Deposits</b> a Property Unit for which a certificate of occupancy was in or the Covered Product was purchased within ten years	issued within ten (10) years of the date of the (	vly constructed Claim Form,
	I am making a claim for <b>Leaks</b> and the Covered Produc a certificate of occupancy was issued within ten (10) yes purchased within ten years of the date on the Claim Form	ars of the date of the Claim Form, or the Cove	
	I am making a claim for <b>Occlusions</b> and the Covered Pr which a certificate of occupancy was issued within ten (1 was purchased within ten years of the date on the Claim	0) years of the date of the Claim Form, or the C	
Ow	vner:	Date (mm/dd/yyyy):	_//
	AFFIDAVIT O	OF CLAIMANT "B"	
	(To be completed and signed by prope	erty owner seeking Settlement Benefits for a lusion and/or an alleged Inoperable Valve)	
	C	÷ , , , , , , , , , , , , , , , , , , ,	

I hereby declare under the penalty of perjury that (check all that apply):

I am making a claim for a Covered Product with an Occlusion. I hereby state that the Covered Product for which I seek Settlement Benefits has an **Occlusion** as defined in Paragraph 1.14.3 of the Settlement Agreement. I am making a claim for an Inoperable Valve handle that is a Covered Product. I hereby state that the Covered Product for which I seek Settlement Benefits is a stop valve that is mechanically inoperable as defined in Paragraph 1.14.4 of the Settlement Agreement.







Owner:	Date (mm/dd/yyyy):	/	/

QUESTIONS? CALL 1-888-633-9195 OR VISIT WWW.BCYELLOWBRASSSETTLEMENT.COM







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