Merrill v. ODNR Claims Administrator c/o JND Class Action Administration PO Box 6878 Broomfield, CO 80021 State Ex Rel. Robert Merrill, Trustee et al. v. State of Ohio Department of Natural Resources, et al. Case No. 04CV001080 Court of Common Pleas, Lake County Ohio

CLAIM FORM

To be eligible for payment from the Settlement Fund, you **MUST** complete and sign this Claim Form and return it to the address below, **so that it is received on or before October 12, 2016.** The actual amount you will receive is based on the allocation methodology described in the Stipulation of Settlement and Plan of Allocation.

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CLAIM FORM INSTRUCTIONS

- 1. You must file a separate Claim Form for each parcel you own or owned. If your ownership of the parcel has changed since May 28, 1998, then each owner or group of co-owners (including estates) must submit a separate Claim Form for each period of ownership.
- 2. Each group of co-owners should submit a single Claim Form. One person can submit the Claim Form on behalf of all co-owners. Consult with your co-owners before submitting a Claim Form. A single benefit check will be issued in the names of all co-owners.
- 3. You must include the supporting documentation detailed below in Section 7 Supporting Documentation. Such documentation may include Proof of Ownership, Proof of Sale, Transfer, or Change of Ownership, and Plat Map with your Claim Form. Please submit photocopies of documents. Do not send original documents. They will not be returned to you.
- 4. Remember to sign the last page of the Claim Form; unsigned forms will not be processed.
- 5. We recommend that you keep a copy of the completed form for your records.
- 6. Any settlement benefits you receive may be taxable. You should consult with your tax advisor as to how you may be impacted. The Claims Administrator cannot provide tax advice.
- 7. If you have any questions, please call the Claims Administrator, toll-free, at 1-844-360-2770 or visit www.LakeErieSettlement.com.

First Na	me	MI	Last Name	
Entity N	Jame (if applicable)			
Current	Mailing Address		Apt # / Unit	
				() -
City		State	Zip Code	Telephone Number
Tax ID I	Number (SSN or EI	N)		
2. <u>Parcel I</u>	<u>Information</u>			
-	te the following for Claim Form for each	mind, you must complete a		
Name(s)) on Deed			
Parcel N	lumber		County	
Parcel's	Street Address, if k	nown		
City			State	Zip Code
3. Owners	ship Duration			
		st describes your owner	ship of the parcel of pr	operty for which you are making
this clain	m and enter the app	ropriate date(s) in the bl	anks:	
	I was the owner	as of September 14, 2	011 . I purchased this p	property
_	on	(mm/dd/yy	yy).	
		perty prior to Septem (mm/dd/yyyy)		the property beginning (mm/dd/yyyy).

Claimant Information

Complete the following for the person or entity filing the claim.

1.

4.	Lake Erie Frontage		
	What is the length (in feet) of the parcel's Lake Erie frontage?		
5.	Lake Erie Boundary Legal Description Changed Between May 28, 1998 and September 14, 2011, was the parcel's deed altered in any way to describe the Lake Erie boundary as the "Ordinary High Water Mark", or equivalent?		
	Yes No		
	If "Yes," you must provide documentation reflecting the change to your parcel's deed showing the change to the legal description. This documentation is in addition to Section 7.		
6.	Public Access Does your property immediately adjoin public lands with public access (i.e. does your property have public land on one side and public lake access on the other)? Yes No		
	If "Yes," you must provide a plat map or other publicly available map that documents your property is immediately adjoining a point of public access. This documentation is in addition to Section 7.		
7.	Supporting Documentation		
	a) Proof of Ownership To support your claim, you must submit a copy of a deed or certificate of title showing your ownership of the parcel you identified in Section 2.		
	The deed or certificate of title must contain a legal description of the parcel and show its ownership. The document must either be certified by the appropriate county official (e.g. County Recorder, Register of Deeds/Titles, or the County Clerk) OR show on its face the recording information, including: the date of recording; the government office where recorded; and		
	 the filing location in the land records (such as the conveyance book and page number or entry number). 		
	b) Property Tax Document		

To support your claim, you must submit property tax documentation showing the parcel number of the parcel you identified in Section 2.

c) Proof of Sale, Transfer or Change of Ownership

If you currently own your property, you are not required to provide this documentation.

To support the dates of ownership of the parcel, you must submit documentation or a statement signed under penalty of perjury showing the date that you sold or transferred the property to another owner or group of owners. If there was an ownership change for the parcel that was not a sale, you will need to provide a copy of the document supporting the ownership change. Please keep in mind, you must complete a separate Claim Form for each group of owners.

d) Plat Map or Other Public Map

If you are not claiming Lake Erie frontage in excess of 1,000 feet in length, you are not required provide this documentation.

You must submit a plat map or other publicly available map of the parcel that shows the length of Lake Erie frontage for the parcel being claimed.

<u>Do not send original documents.</u> Documents submitted to the Claims Administrator will not be returned.

8. Acknowledgement

It

I hereby affirm or attest under penalty of perjury that the information provided in this Claim Form is true and correct to the best of my knowledge, information, and belief, and that I will promptly notify the Claims Administrator of the transfer of any interest in the subject property between the time that I submit this form and the time that any payment is made to me.

Signature	Date
is your responsibility to inform the Claims Administrator	of any address changes until your benefit is received.
Legal Representative Signature: If you are a legal claimant other than yourself, complete the informat	l representative filing this Claim Form on behalf of a ion below:
Signature of Person Completing the Form	Date
Print Name of Person Completing the Form	_
Relationship to Owner	Phone Number for Person Completing Form

CHECK LIST

- 1) You must sign the Claim Form
- 2) You must be sure to include copies of your supporting documents; don't send originals
- 3) You must mail the Claim Form so that it is received on or before October 12, 2016 to:

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