Trujillo, et al. v. Ametek, Inc., et al. Case No. 3:15-cv-01394-GPC-AGS US District Court, Southern District of California

CLAIM FORM

If you attended school as a student or worked as staff at Magnolia Elementary School in Cajon, California for one or more school years **between January 1, 1963, and through April 14, 2020**, you may qualify for benefits from a class action settlement.

If you wish to submit a claim, complete this form and mail it, postmarked on or before **September 23, 2022**, to the address below.

The claims process created by the Settlement provides for medical consultation benefits from a \$1,000,000.00 Settlement Fund. Each verified Class Member shall be eligible for one (1) medical consultation with a doctor selected by Class Counsel, intended to screen for medical conditions including those potentially associated with exposure to Trichloroethylene ("TCE") in very high concentrations (far exceeding any of the indoor air concentrations of TCE ever detected in Magnolia Elementary School), including kidney cancer, liver cancer, and hematolymphatic cancer.

The costs of the diagnostic medical consultation outlined above will be billed by the physician to the Claims Administrator, and will be paid by the Claims Administrator from the Medical Consultation Fund portion of the Settlement Fund.

More information is available at www.ElCajonCaseSettlement.com, or by writing, emailing, or calling the Claims Administrator. Inquiries regarding your claim can be made by contacting the Claims Administrator by writing to the address below, emailing info@ElCajonCaseSettlement.com, or calling (844) 814-8803.

You may not share in the Settlement Fund if you exclude yourself from the Settlement. Any individual who has independently settled or resolved any claims related to exposure to contaminants emanating from the Former Ametek Facility with any Defendant in the *Trujillo* Action is excluded from the Settlement Class.

<u>Please mail your claim to:</u> <u>Trujillo, et al. v. Ametek, Inc., et al.</u> Claims Administrator P.O. Box 3266 Portland, OR 97208-3266

I. CLAIMANT INFORMATION

The Claims Administrator will use this information for communication. If this information changes before Settlement benefits have been received, contact the Claims Administrator at the address above.

First Name:	MI: Last Name:												
Street Address:													
City:	State: ZIP Code:												
Telephone Number: Da	te of Birth:												
Social Security Number:													
Email Address:													

(By providing an email address, you are authorizing the Claims Administrator to provide you with information relevant to your claim via email.)

QUESTIONS? CALL 844-814-8803 TOLL-FREE OR VISIT WWW.ELCAJONCASESETTLEMENT.COM

II. REPRESENTATIVE INFORMATION

Please indicate whether you are filing on your own behalf as a Class Member or as the authorized representative of someone else who is a Class Member:

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I am the Class Member named in Section A above.

(If so, you may skip the rest of this section.)

I am filing on behalf of the Class Member named in Section A above.

If you are filing on behalf of a Class Member, state your relationship to the Class Member (e.g., family member, attorney, etc.):

Rep	epresentative First Name: M														MI:	_	Rep	rese	ntat	ive l	Last	Nar	ne:						
Street Address:																													
City	City:															State: ZIP Code:						le:							
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III. CLASS INFORMATION

By submitting this Claim Form, I declare that I believe I am a Class Member and that the following statements are true:

• I attended Magnolia Elementary School, located at 650 Greenfield Drive, El Cajon, CA 92021, as a **STUDENT** for one or more school years between January 1, 1963, and April 14, 2020.

My approximate dates of attendance at Magnolia Elementary School were between:

	-			-			and			-			_			
MM		D	D		YY	YY		М	M		D	D		YY	YY	

• I worked as **STAFF** at Magnolia Elementary School, located at 650 Greenfield Drive, El Cajon, CA 92021, for one or more school years between January 1, 1963, and April 14, 2020.

My approximate dates of employment at Magnolia Elementary School were between:



IV. ATTESTATION & SIGNATURE

I declare that I have not received compensation in any form from Ametek, Inc. or Senior Operations LLC, or any of their subsidiaries, divisions, affiliates, stockholders, officers, directors, employees, attorneys, insurers, agents, or any of their legal representatives, as a result of alleged exposure to contaminants emanating from the Former Ametek Facility located at 790 Greenfield Avenue, El Cajon, California 92021.

I declare under penalty of perjury under the laws of the State of California and the United States that the foregoing information I provided in this Claim Form is true and correct to the best of my knowledge.

Sig	gnat	ure															Dat	ed	M	M	_	D	D	_	YY	YY	
Тур	Type/Print Name:																										

Submit this Claim Form to the address below postmarked no later than September 23, 2022:

Trujillo, et al. v. Ametek, Inc., et al. Claims Administrator P.O. Box 3266 Portland, OR 97208-3266

