Case 2:00-mc-00005-DPH ECF No. 1491-2 filed 04/10/19 PageID.24329

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ETTLEMENT FACILIT

Telephone 713.874.6099 866.874.6099

P.O. Box 52429 Houston, Texas 77052

January 14, 2016

SID 0324508

MONCIE RASMUS JR, ATTY AT LAW 1505 CLEBURNE P.O. BOX 88237 HOUSTON, TX 77288 UNITED STATES OF AMERICA

Re: Subject: MISSING OR INVALID ADDRESS

Dear Counsel:

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimant referenced-above that is not valid. Correspondence sent to the Claimant in 2014 regarding a Premium Payment has been returned to the SF-DCT as undeliverable with no forwarding address available. At the time of the Claim payments, you were the attorney of record. We have confirmed that the award payment sent to you in 2014 was cashed.

The SF-DCT requires correct address information before any claims can be processed or potential payments can be made. Please provide the address used to distribute the Disease Premium payment in 2014.

Disease Partial Premium Payment October 14, 2014 \$1,000	
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If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Sincerely,

Quality Management Department Settlement Facility – Dow Corning Trust

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SETTLEMENT FACILITY

P.O. Box 52429 Houston, Texas 77052

March 28, 2016

Telephone 713.874.6099 866.874.6099

SID 0324508

MONCIE RASMUS JR, ATTY AT LAW 1505 CLEBURNE P.O. BOX 88237 HOUSTON, TX 77288 UNITED STATES OF AMERICA

Subject: MISSING OR INVALID ADDRESS- Second Request

Dear Counsel:

Re:

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimant referencedabove that is not valid. Correspondence sent to the Claimant in 2014 regarding payments has been returned to the SF-DCT as undeliverable with no forwarding address available. At the time of the Claim payment, you were the attorney of record. We have confirmed that the award payment sent to you in 2014 was cashed.

Dis	ease Partial Premium Payment	October 14, 2014	\$1,000	
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You notified the SF-DCT that the Claimant is deceased and that you no longer represent her claims. You were informed that you must provide this information in writing. We have been unable to confirm the date of death of the claimant. Please provide information about the distribution of the award payment cashed in 2014.

If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, <u>is required</u>. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure: Address Update/Correction Form

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For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (toll free) Or go to <u>www.dcsettlement.com</u> on the Internet

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F_D_C_T

ETTLEMENT FACILITY

P.O. Box 52429 Houston, Texas 77052

May 25, 2017

Telephone 713.874.6099 866.874.6099

SID 0324508

MONCIE RASMUS JR, ATTY AT LAW 1505 CLEBURNE P.O. BOX 88237 HOUSTON, TX 77288 UNITED STATES OF AMERICA

Claimant:

REQUEST FOR VERIFICATION OF CLAIMANT ADDRESS FINAL NOTICE

Dear Counsel:

Correspondence mailed to the claimant by the Settlement Facility-Dow Corning Trust (SF-DCT) regarding the breast implant Claim payment referenced below was returned undeliverable, with no available forwarding address. As a result of this returned mail, the claim is now on HOLD until we can confirm that we have located either the claimant or, if the claimant listed above is deceased, the person with the authority to act on behalf of the claim. The SF-DCT has previously sent written requests that an Address Update /Correction Form be completed and returned; however, a Form meeting SF-DCT requirements has not been received.

At the time of the Claim payment you were the attorney of record. We have confirmed that the claim award is cashed; therefore, it is reasonable to assume that current address information is available.

Disease Partial Premium Payment	October 14, 2014 \$	\$1,000

Please note that address confirmation is required to remove the HOLD on the Claim. This can only be accomplished by returning a completed Address Update/Correction Form, signed by the claimant or the estate representative. You cannot complete this Form for the Claimant. In the next 30 days, no later than June 26, 2017 please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

SF-DCT P.O. Box 52429 Houston, Texas 77052

If you were unable to locate the Claimant to distribute the Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at <u>info@sfdct.com</u>.

Enclosure:

Address Update/Correction Form

For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (toll free) Or go to <u>www.dcsettlement.com</u> on the Internet

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