

SETTLEMENT FACILITY - DOW CORNING TRUST

3100 Main Street, Suite 700

Houston, TX 77002

Estate Claims Affirmation and Agreement

I, _____, an attorney at law, hereby affirm and agree as follows:

1. This will certify that for each of the claims on the attached list, this office has performed a duly diligent investigation and is satisfied that the claimant(s) named thereon has (have) all requisite legal authority to assert, release, and receive payment for a claim for damages based on the decedent's claim.
2. In consideration of the payment herein provided, the undersigned attorney of record agrees to fully indemnify the Settlement Facility – Dow Corning Trust (SF-DCT) and the Trustee and any officers or employees of the SF-DCT for any losses or damages sustained in the event the claimant(s) named herein do(es) not have all requisite legal authority to assert, release, and receive payment for a claim for damages based on the decedent's claim. I further agree to indemnify the SF-DCT for all costs it incurs in collecting such losses or damages, including attorney fees.

Attorney of Record

Law Firm

Date

INSTRUCTIONS:

Only the Attorney of Record may sign and submit the Estate Claims Affirmation and Agreement form to the SF-DCT. Any approved SF-DCT payments will be issued to the estate of the decedent. The following information must be attached to the fully executed Estate Claims Affirmation and Agreement Form:

- Claimant Name
- Claimant SID#
- Claimant Social Security No.
- Name of Fiduciary
- Fiduciary Address
- Fiduciary Telephone No.
- An original, certified copy of the claimant's death certificate (*NOTE: you are not required to re-submit an original, certified copy of the death certificate if you have already provided the SF-DCT with the same.*)

You may (but are not required to) use the attached Addendum to Estate Claims Affirmation and Agreement to provide the required information. **NOTE: You may submit one form on behalf of multiple claimants if necessary. Please follow all of the aforementioned requirements.**

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ADDENDUM TO ESTATE CLAIMS AFFIRMATION AND AGREEMENT

Please fill in the required information for the claimant(s) that you are submitting this form on behalf of in the spaces provided.

1. _____
SID

_____ CLAIMANT NAME _____ CLAIMANT SSN - -

2. _____ () _____
FIDUCIARY'S NAME FIDUCIARY'S TELEPHONE NO.

_____ FIDUCIARY'S ADDRESS _____

_____ CITY _____ STATE _____ ZIP CODE _____

Check the box that applies:

- An original, certified copy of the above-named claimant's death certificate is attached, and I request that you return the original, certified copy to me.
- An original, certified copy of the above-named claimant's death certificate is attached to be kept in the claimant's SF-DCT file.
- An original, certified copy of the claimant's death certificate was previously submitted to the SF-DCT.

1. _____
SID

_____ CLAIMANT NAME _____ CLAIMANT SSN - -

2. _____ () _____
FIDUCIARY'S NAME FIDUCIARY'S TELEPHONE NO.

_____ FIDUCIARY ADDRESS _____

_____ CITY _____ STATE _____ ZIP CODE _____

Check the box that applies:

- An original, certified copy of the above-named claimant's death certificate is attached, and I request that you return the original, certified copy to me.
- An original, certified copy of the above-named claimant's death certificate is attached to be kept in the claimant's SF-DCT file.
- An original, certified copy of the claimant's death certificate was previously submitted to the SF-DCT.