

UNITED STATES BANKRUPTCY COURT DISTRICT OF MARYLAND		VOLUNTARY LEAD-PAINT CLAIM COMPENSATION FUND CLAIM FORM
Name of Debtor Landlord::	Case No. :13-25370	When completed, send the original signed Proof of Claim and required supporting documentation with to:  <b>Zvi Guttman, Esquire Chapter 11 Plan Trustee Post Office Box 32308 Baltimore, MD 21282</b>
<b>IMPORANT NOTE:</b> <i>This Claim form should be used to file a claim to participate in the "Voluntary Lead-Paint Claim Compensation Fund" established under the Third Amended Chapter 11 Plan Jointly Proposed by the Debtors and the Official Committee of Unsecured Creditors (the "Third Amended Plan"). By submitting this Claim, you are electing to participate in the Voluntary Lead-Paint Claim Compensation Fund and will receive no further payment under the Third Amended Plan and are permanently enjoined from commencing or continuing the prosecution of any lead-paint claim in any court.</i>		
Name of Claimant:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <input type="checkbox"/> Check this box if you ever filed a Complaint in any Court regarding this Claim and provide the Case Number.
Name and address of Claimant:		
Telephone number:	email:	This original proof of claim and documentation must be <b>actually</b> received at the address above by <b>May 31, 2020</b> . Claims received late shall not be entitled to participate in the Uninsured Lead-Paint Claim Fund.
Name and address where payment should be sent (if different from above):		
Telephone number:	email:	
<b>1. Address of City Homes property where you resided or spent significant time (Note: You are not entitled to participate in the Voluntary Lead-Paint Claim Compensation Fund on account of residing or spending significant time in any Johnston Square or Royalton property, or any property owned by a City Homes affiliate that did not file for bankruptcy protection):</b>		
<b>2. Period of time (month and year to month and year, for example, January 2000 – May 2001) you resided or spent significant time at the City Homes property address listed in section 1 above.</b>		
<b>3. Name of the tenant(s) of record/person(s) visiting when you resided at or spent significant time at the City Homes property, and your relationship with that person or persons.</b>		
<b>4. Required Documentation:</b> To have an allowable Lead-Paint claim, you must attach documents sufficient to show your elevated blood level of at least <u>5µg/dl</u> at or about the time of your residency or time spent at the City Homes property listed in section 1 above and the date of the blood test.  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
<b>5. Signature:</b>  Check the appropriate box.  <input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized attorney. <input type="checkbox"/> I am the creditor's authorized representative or guardian  I declare under penalty of perjury that the information provided in this claim is true and correct.  Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ (Signature) _____ (Date)  Telephone number: _____ email: _____		