

Cox, et al. v. Ametek, Inc., et al.
Case No. 3:17-cv-00597-GPC-AGS
US District Court, Southern District of California

CLAIM FORM

If you resided in Greenfield Mobile Estates, Starlight Mobile Home Park or Villa Cajon Mobile Home Estates in El Cajon, California, for one or more calendar years **from January 1, 1963, through April 14, 2020**, or currently own a mobile home in one of those parks, you may qualify for benefits from a class action settlement.

The claims process created by the Settlement provides for medical consultation benefits from a \$1,500,000.00 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 any residence or building at the MHPs), 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.

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

The Remediation/Mitigation Fund portion of the Settlement Fund, as described in Paragraph 19.1.2 of the Settlement Agreement, will be used to pay for plume monitoring, remediation, or mitigation, including but not limited to the installation of approved mitigation systems on mobile home coaches owned by Plaintiffs and Class Members of Subclass 2 within the definition set forth in Section 18.2 of the Settlement Agreement (the “Sampling/Mitigation Program”), as well as related fees and costs for such implementation consistent with the Settlement Agreement.

If you wish to submit a claim for remediation/mitigation, complete this form and mail it, postmarked on or before **September 23, 2021**, to the address below.

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 Cox Action is excluded from the Settlement Class.

Please mail your claim to: *Cox, et al. v. Ametek, Inc., et al.*
Claims Administrator
P.O. Box 3266
Portland, OR 97208-3266

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

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 **RESIDED** in one of the following mobile home parks for one (1) or more calendar years between January 1, 1963, and April 14, 2020 (check all that apply).
 - I lived in the **Greenfield Mobile Estates**, Unit # , 400 Greenfield Drive, El Cajon, CA 92021, between:

 - - and - -

 MM DD YYYY MM DD YYYY
 - I lived in the **Starlight Mobile Home Park**, Unit # , 351 E Bradley Avenue, El Cajon, CA 92021, between:

 - - and - -

 MM DD YYYY MM DD YYYY
 - I lived in the **Villa Cajon Mobile Home Estates**, Unit # , 255 E Bradley Avenue, El Cajon, CA 92021, between:

 - - and - -

 MM DD YYYY MM DD YYYY

- As of the date of signing this form, I am the owner of a mobile home coach in the following mobile home parks (check all that apply):
 - Greenfield Mobile Estates**
 - Starlight Mobile Home Park**
 - Villa Cajon Mobile Home Estates**

In order to substantiate a Remediation/Mitigation Fund claim, please provide with this claim the full names of all residence occupants, dates of birth, and unit number of the mobile home coach owned within the subject Mobile Home Park (MHP).

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, legal representatives, or otherwise, as a result of alleged exposure to contaminants emanating from the former Ametek Facility located at 790 Greenfield Avenue, El Cajon, CA 92021.

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

Signature Dated - -
 MM DD YYYY

Type/Print Name:

For remediation/mitigation benefits, submit this Claim Form to the address postmarked below no later than **September 23, 2021**.

For medical consultation benefits, submit this Claim Form to the address below postmarked no later than **September 23, 2022**.

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