Submission: Initial Proof of Loss

DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

PROOF OF LOSS

Adjuster-Prepared

BUILDING AND CONTENTS

Policyholders use this form to provide a Proof of Loss to their insurer, which is the policyholder's statement of the amount of money being requested, signed and
sworn to by the policyholder, with documentation to support the amount requested, as required by the Standard Flood Insurance Policy (SFIP) in section VII.J.4.
This form can be used when the adjuster prepares the Proof of Loss as a courtesy to the policyholder, who then reviews and verifies the accuracy of the
information and amounts. By signing this Proof of Loss, the policyholder agrees with and validates the amounts prepared by the adjuster.

POLICY NO. 2704207471	_														
PROPERTY ADDRESS: \$114 Lake Drive \$15 Lec \$2 lP; \$2814 \$2 lP COSS; \$270204 \$270	POLICYHOLDER: Donald and Shelby McGuire														
MAILING ADDRESS Same as property TIME OF LOSS: 12:00 AM										8704207471					
CITY STATE Z P;	CIT	ΓY: Cha	arlotte			STATE: N	C ZIP: 2	ZIP: 28214			DATE OF LOSS:		9/27/2024		
EMAIL(S): share-omeguire20@gmail.com How flood loss happened: Overflow of inland or tidal waters Building type: Residential single-family dwelling	MΑ	ILING	ADDRESS:				Same as	Same as property			TIME OF LOSS:		12:00 AM		
Title and Subliding type: Residential single-family dwelling Subliding type: Sublidi	CIT	ΓY:				STATE:	ZIP:				EDN NO.:		NC0124		
Title and Subliding type: Residential single-family dwelling Subliding type: Sublidi	ΕN	IAIL(S)	: shavonmcguire20@gmail.com		PHC			HONE	NE NO.: (704) 363-8575						
	Title	e and	Building type: Residential	sinale-fa	amily dy	vellina		C	Ownership/use: C)wner-und	occupied				
Interest Mortgagee(s): Wells Fargo Bank, N. A. #936							ed by me, househol	_			•	i			
Other with interest in or liens, charges or claims against property: Other insurance that may insure this loss: Type: None Yes	lu 4 a													Nono:	
Other insurance that may insure this loss:	inte														
SFIP policy type: Dwelling Form (Regular) Statement of Loss														None.	
Statement of Loss Coverage A - Building Property Coverage B - Personal Property				411010											
Coverage limit(s): \$190,000.00 \$63,000.00	SFI	P policy			No. of	insured buildings	<u> </u>	-							
Coverage deductible(s): Dwelling/Unit Detached Garage Contents Improvements				Loss			Coverage A - Building Property				, ,				
Property pre-loss value (RCV)			•				\$190,000.00				\$63,000.00				
Property pre-loss value (RCV)		Covera	age deductible(s):				· · ·					\$1,000			
Property pre-loss value (ACV) 80% of RCV: \$181,931.66 \$147,199.53 \$5,212.15 \$0,00 \$0,00 \$1,00							Dwelling/Unit						Improveme		
Insured damage RCV loss \$101,489.81 \$6,110.89 \$0.00 \$0.00 Less non-insured proportion applicable not applicable \$0.00 Insured proportional loss \$0.00 \$0.00 Less depreciation (recoverable) applicable not applicable \$(\$12,793.42) Less depreciation (non-recoverable) applicable \$(\$2,397.29) \$(\$879.80) \$0.00 \$0.00 Insured damage ACV loss \$0.00 \$0.00 Add eligible Coverage C loss: Not applicable \$0.00 \$0.00 Insured ACV loss subtotal \$86,353.10 \$5,231.09 \$0.00 \$0.00 Less salvage/buyback \$0.00 \$0.00 \$0.00 \$0.00 Net insured ACV loss \$86,353.10 \$5,231.09 \$0.00 \$0.00 Less deductible \$(\$1,250.00) \$0.00 \$0.00 \$0.00 Add eligible Coverage C loss: Not applicable \$0.00 \$0.00 \$0.00 \$0.00 Less deductible \$(\$1,250.00) \$0.00 \$0.00 \$0.00 \$0.00 Net insured ACV loss \$86,353.10 \$5,231.09 \$0.00 \$0.00 \$0.00 Amount over net insured loss limit (excess loss) \$0.00 \$0.00 \$0.00 \$0.00 ACV claim \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Add recoverable depreciation \$1,2799.42 \$0.00 \$0.00 \$0.00 Net claim \$10,3073.61 \$0.00 I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false of trained and the property claimed on this proof of Loss. I understand that I may still request additional payment for other flood damages if I believe that not al			· · · · · · · · · · · · · · · · · · ·												
Less non-insured proportion applicable not applicable \$0.00			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									_			
Insured proportional loss Less depreciation (recoverable)				_			, , , , , ,	-	\$6,110	0.89	\times \times \times	\$0.00	XXXX	\$0.00	
Less depreciation (recoverable) applicable ontapplicable (\$12,739,42) Less depreciation (non-recoverable) applicable ontapplicable (\$2,397,29) (\$879,80) \$0.00 \$0			<u> </u>	☐ app	olicable	not applicable	· ·						\times		
Less depreciation (non-recoverable) applicable not applicable (\$2,397.29) (\$879.80) \$0.00										$\times\!\!\!\times\!\!\!\times$	$\times\!\!\times\!\!\times$	$\times\!\!\times\!\!\!\times$			
Insured damage ACV loss \$86,353.10 \$5,231.09 \$0.00 \$0.00 Add eligible Coverage C loss: Not applicable \$0.00 \$0.00 \$0.00 Insured ACV loss subtotal \$86,353.10 \$5,231.09 \$0.00 \$0.00 Less salvage/buyback \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Net insured ACV loss \$86,353.10 \$5,231.09 \$0.00 \$0.00 Less deductible \$(\$1,250.00) \$0.00 \$0.00 \$0.00 \$0.00 Amount over net insured loss limit (excess loss) \$0.00 \$0.00 \$0.00 \$0.00 ACV claim \$85,103.10 \$5,231.09 \$0.00 \$0.00 \$0.00 ACV claim \$85,103.10 \$5,231.09 \$0.00 \$0.00 \$0.00 ACV claim \$85,103.10 \$5,231.09 \$0.00 \$0.00 \$0.00 Add recoverable depreciation not applicable \$12,739.42 \$0.00 \$0.00 \$0.00 Net claim \$103,073.61 \$0.00 I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that My SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under pen			· · · · · · · · · · · · · · · · · · ·							\times					
Add eligible Coverage C loss: Not applicable \$0.00 \$0.				<u>⊿</u> app	olicable	☐ not applicable	•	-							
Insured ACV loss subtotal \$86,353.10 \$5,231.09 \$0.00 \$						\$5,231	1.09				\$0.00				
Less salvage/buyback \$0.00 \$0.				· ·	\rightarrow					××××	\times				
Net insured ACV loss \$86,353.10 \$5,231.09 \$0.00															
Less deductible (\$1,250.00) \$0.00 \$0						· ·									
Amount over net insured loss limit (excess loss) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 ACV claim \$85,103.10 \$5,231.09 \$0.00 \$0.00 Add recoverable depreciation Inot applicable \$12,739.42 Claim subtotal \$97,842.52 \$5,231.09 \$0.00 \$0.00 Net claim \$103,073.61 \$0.00 I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:															
ACV claim Add recoverable depreciation In on applicable \$12,739.42 Claim subtotal \$97.842.52 \$5,231.09 \$0.00 \$0.00 Net claim \$103,073.61 \$0.00 I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:				•	-										
Add recoverable depreciation			· · · · · · · · · · · · · · · · · · ·												
Claim subtotal \$97,842.52 \$5,231.09 \$0.00 \$0.00 Net claim \$103,073.61 \$0.00 I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:						not applicable			φο, ∠ ο ι	1.09		\$0.00		\$0.00	
Net claim Standard Teviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:			·			Пот аррисавіс			¢5 221	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	××××	00.00		00.00	
I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above. I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:															
I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:	l	\$103,073.61 \$0.00													
Regulations, Chapter 1, Subchapter B. I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:	l u	nderstai surance	nd that I must submit a <u>Proof of</u> Administrator. The flood event ic	 <u>_oss</u> w dentifie	rithin 60 ed above	days of the date date date	of the loss or with stroyed the proper	nin a	any extension of t	that dead roof of Lo	line made ss. I unde	in writin	ng by FEMA's hat my SFIP		
third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. POLICYHOLDER SIGNATURE: DATE SIGNED:				Insura	ance Ac	t of 1968, as ame	<u>nded,</u> and applica	able	e federal regulatio	ns in <u>Titl</u>	e 44 of the	Code o	of Federal		
POLICYHOLDER SIGNATURE: DATE SIGNED:	thii dai coi	rd party mages. nnectior	is responsible for the damage, I I have not knowingly and willfull n with this claim, and acknowled	hereby falsifige that	y authored or co	rize my insurer to oncealed a materi ch action is subjec	bring suit in my na al fact, made a fa	am Ise	e against any thir or fraudulent rep	d party w resentati	ho may be on or pres	e respor ented ai	nsible for the ny false doc	ument in	
	OI	uie Unit	eu States of America that the fol	egoing	j is true	and confect.									
OWNER NAME: Estate of Donald and Shelby Myguire OWNER TITLE:	РО	LICYH	OLDER SIGNATURE:					DATE SIGNED:							