

2. REGISTRANT INFORMATION

In this section, fill in the information about the person who is registering for the Settlement. If you are submitting this form for yourself, then you are the "Registrant." Each person or entity must fill out his, her, or its own Registration Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated, or minor person. That person is the "Registrant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 3 of this form and provide the information described there.

Registrant Name	Last <i>VAUGHN</i>	First <i>LORETA</i>	Middle <i>C.</i>
Social Security Number of Registrant	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> </div>		Date of Birth of Registrant <i>12/10/1948</i> (Month/Day/Year)
Current Address of Registrant	Street/P.O. Box <i>11470 HERRINGTON RD.</i>		Apt./Suite
	City <i>BYRON</i>	State <i>MI</i>	ZIP <i>48418</i>
	Dates resided at this address:		
	From <i>3/15/2020</i>	To <i>PRESENT</i>	
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box <i>64022 BEECHER RD.</i>		Apt./Suite
	City <i>FLINT</i>	State <i>MI</i>	ZIP <i>48532</i>
	Dates resided at this address:		
	From <i>8/17/2009</i>	To <i>3/14/2020</i>	
Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information.	Street/P.O. Box		Apt./Suite
	City	State	ZIP
	Dates resided at this address:		
	From	To	
Registrant's Contact Information. If Registrant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 3 below.	Phone <i>(810) 877-0263</i>		<input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home
	Alt. Phone		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
	Email <i>LCEREZO1211@SBCGLOBAL.NET</i>		

Flint Water Settlement Registration Form

VERIFIED REGISTRATION FORM

The instructions below explain the form and documents that you must submit to be eligible to later assert a claim for compensation from the Flint Water Cases Qualified Settlement Fund.

**PLEASE CAREFULLY READ ALL THE INSTRUCTIONS
BEFORE SUBMITTING YOUR REGISTRATION**

1. INSTRUCTIONS AND REGISTRATION CRITERIA

You must submit this completed and signed Verified Registration Form and provide the supporting documentation mentioned in this form or its attachment ("Registration").

The **deadline to register** is March 29, 2021. For paper submissions, this deadline is determined by the date your return envelope is postmarked. You can also complete the Registration Form online: OfficialFlintWaterSettlement.com. You must complete all applicable blanks in this form.

- By signing this Registration Form, you attest that you as the "Registrant" (or if you are filling out this form for someone else, that they as the "Registrant") are claiming or could claim personal injury, property damage, business economic loss, unjust enrichment, breach of contract, or any other type of damage or relief due to, and fit into, at least one of the following descriptions (check all that apply to you):
 - ☒ Registrant owned or lived in a residence served by the Flint Water Treatment Plant ("FWTP") or was legally liable for the payment of bills for such water, during the period April 25, 2014 to November 16, 2020.
 - ☐ Registrant owned or operated a business served by the FWTP or was legally liable for the payment of bills for such water, during the period April 25, 2014 to November 16, 2020.
 - ☐ Registrant was exposed to water from the FWTP for at least 21 days during any 30-day period between April 25, 2014 and November 16, 2020.
 - ☐ During the period April 25, 2014 through December 31, 2018, Registrant was both exposed to water from the FWTP and diagnosed with Legionnaires' Disease.

After you submit this Registration Form, the Claims Administrator will send you a Claim Form if you are eligible to make a claim from the Settlement. That later Claim Form will explain the documents and other information that you will need to submit at that time. The Claim Form will allow you to pick one or more of 30 possible claim categories. To receive a payment, you will need to provide the supporting information for the claim category or categories you select. Your Registration Form alone does not guarantee that you will receive a payment. You can find more information on the supporting documents and information that will be required at that later stage for each of the 30 possible categories at OfficialFlintWaterSettlement.com.