

Flint Water Settlement

Generic
Barcode Sheet



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 LORETA VAUGHN		First LORETA	Middle C.
Social Security Number of Registrant	5 6 0 1 5 7 5 6 2		Date of Birth of Registrant 12 / 10 / 1988 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
	Dates resided at this address:	From 3/15/2020	To PRESENT	
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box 64022 BEECHER RD			Apt./Suite
	City FLINT	State MI	ZIP 48532	
	Dates resided at this address:	From 8/17/2009	To 3/14/2020	
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 810 877-0263		<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 LCEREZO1211@SBCGLOBAL.NET			

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):
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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.



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Registrant Name	Last <i>VAUGHN</i>		First <i>LORETA</i>	Middle <i>C.</i>
Social Security Number of Registrant	<i>560 15 7562</i>		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: <i>3/</i>	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>G4022 BEECHER RD.</i>			Apt./Suite
	City <i>FLINT</i>	State <i>MI</i>	ZIP <i>48532</i>	
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Registrant Name	Last VAUGHN		First LORETA	Middle C.
Social Security Number of Registrant			Date of Birth of Registrant 121 101 1948 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
	Dates resided at this address: 3/15/2020	From 3/15/2020	To PRESENT	
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box 64022 BEECHER RD.			Apt./Suite
	City FLINT	State MI	ZIP 48532	
	Dates resided at this address: 8/17/2009	From 8/17/2009	To 3/14/2020	
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 810 877-0263		<input type="checkbox"/> Work	
	Alt. Phone		<input checked="" type="checkbox"/> Mobile	
	Email LCEREZO1211@SBCGLOBAL.NET		<input type="checkbox"/> Home	

Flint Water Settlement Registration Form

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Social Security Number of Registrant	<i>5 6 0 1 5 7 5 6 2</i>		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>G 4022 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
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	Alt. Phone			<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
	Email <i>LCEREZO.121@SBCGLOBAL.NET</i>			

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	City BYRON	State MI	ZIP 48418	
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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.



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	<i>560 15 7562</i>		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>G4022 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>LCEREZ01211@SBCGLOBAL.NET</i>		

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Registrant Name	Last VAUGHN		First LORETA	Middle C.
Social Security Number of Registrant	5 6 0 1 5 7 5 6 2		Date of Birth of Registrant 12/10/1948 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
Dates resided at this address:	From 3/15/2020	To PRESENT		
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box G 4022 BEECHER RD.			Apt./Suite
	City FLINT	State MI	ZIP 48532	
Dates resided at this address:	From 8/17/2009	To 3/14/2020		
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	Alt. Phone		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Email LCEREZO1211@SBCGLOBAL.NET			

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Social Security Number of Registrant	<i>560 15 7562</i>		Date of Birth of Registrant <i>12/10/1988</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: <i>3/15/2020</i>	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: <i>8/17/2009</i>	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
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	City BYRON	State MI	ZIP 48418	
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All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box G 4022 BEECHER RD.			Apt./Suite
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		Email LCEREZO1211@SBCGLOBAL.NET		

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Social Security Number of Registrant	<i>560 15 7562</i>		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>	
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Registrant Name	Last <u>VAUGHN</u>		First <u>LORETA</u>	Middle <u>C.</u>
Social Security Number of Registrant	<u>560 15 2562</u>		Date of Birth of Registrant <u>12/10/1948</u> (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box <u>11470 HERRINGTON RD.</u>			Apt./Suite
	City <u>BYRON</u>	State <u>MI</u>	ZIP <u>48418</u>	
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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 VAUGHN		First LORETA	Middle C.
Social Security Number of Registrant	5 6 0 1 5 7 5 6 2		Date of Birth of Registrant 12 / 10 / 1948 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
	Dates resided at this address:	From 3/15/2020	To PRESENT	
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box 64022 BEECHER RD.			Apt./Suite
	City FLINT	State MI	ZIP 48532	
	Dates resided at this address:	From 8/17/2009	To 3/14/2020	
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 810 877-0263	<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 LCEREZO1211@SPCGLOBAL.NET	

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

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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):
 - 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.



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Social Security Number of Registrant	<i>5 6 0 1 5 7 5 6 2</i>		Date of Birth of Registrant <i>12/10/1998</i> (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box <i>11470 HERRING TOKE 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
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		Alt. Phone		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
		Email <i>LCEREZO1211@SBCG.COM.AC.NET</i>		

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Social Security Number of Registrant	5 6 0 1 5 7 5 6 2		Date of Birth of Registrant 12 / 10 / 1988 (Month/Day/Year)	
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	City BYRON	State MI	ZIP 48418	
	Dates resided at this address:	From 3 / 15 / 2020	To PRESENT	
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		Alt. Phone		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
		Email LCEREZ201211@SBCGLOBAL.NET		

Flint Water Settlement Registration Form

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Registrant Name	Last VAUGHN		First LORETA	Middle C.
Social Security Number of Registrant	560 15 7562		Date of Birth of Registrant 12/10/1948 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
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All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box G4022 BEECHER RD.			Apt./Suite
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Registrant Name	Last <i>VAUGHN</i>		First <i>LORETA</i>	Middle <i>C.</i>									
Social Security Number of Registrant	<table border="1" style="width: 100px; margin-left: auto; margin-right: auto;"><tr><td>5</td><td>6</td><td>0</td><td>1</td><td>5</td><td>7</td><td>5</td><td>6</td><td>2</td></tr></table>		5	6	0	1	5	7	5	6	2	Date of Birth of Registrant <i>12/10/1948</i> (Month/Day/Year)	
5	6	0	1	5	7	5	6	2					
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>G4022 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									
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	Alt. Phone			<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home									
	Email <i>LCEREZO121@SBCGLOBAL.NET</i>												

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Registrant Name	Last <i>VAUGHN</i>		First <i>LORETA</i>	Middle <i>C.</i>
Social Security Number of Registrant	<i>5 60 15 7562</i>		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>G 4022 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	
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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>			

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Registrant Name	Last VAUGHN		First LORETA	Middle C.
Social Security Number of Registrant	5 6 0 1 5 7 5 6 2		Date of Birth of Registrant 121 101 1948 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
	Dates resided at this address:	From 3/15/2020	To PRESENT	
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box G 4022 BEECHER RD.			Apt./Suite
	City FLINT	State MI	ZIP 48532	
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		Alt. Phone		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
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	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>810 822-0263</i>		<input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home
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Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
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Social Security Number of Registrant	560 15 7562		Date of Birth of Registrant 12/10/1948 (Month/Day/Year)	
Current Address of Registrant	Street/P.O. Box 11420 HERRINGTON RD.			Apt./Suite -
	City BYRON	State MI	ZIP 48418	
Dates resided at this address:	From 3/15/2020	To PRESENT		
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box G4022 BEECHER RD.			Apt./Suite
	City FLINT	State MI	ZIP 48532	
Dates resided at this address:	From 8/17/2009	To 3/14/2020		
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
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Current Address of Registrant	Street/P.O. Box 11470 HERRINGTON RD.			Apt./Suite
	City BYRON	State MI	ZIP 48418	
	Dates resided at this address:	From 3/15/2020	To PRESENT	
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box G 4022 BEECHER RD.			Apt./Suite
	City FLINT	State MI	ZIP 48532	
	Dates resided at this address:	From 8/17/2009	To 3/14/2020	
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	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 810 877-0263		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Alt. Phone		<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Email LCEREZO1211@SBCGLOBAL.NET			

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.



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	<i>560 15 7562</i>		Date of Birth of Registrant <i>12/10/1988</i> (Month/Day/Year)	
	Street/P.O. Box <i>11470 HERRINGTON RD.</i>			Apt./Suite
Current Address of Registrant	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>G4022 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>			

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Flint Water Settlement Program
1725 St. James Place Suite 200
Houston, Texas 77056 - 3472

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