

# Flint Water Settlement

## Generic Barcode Sheet



Diane Shaffer  
2023 O'Brien Rd  
Mt. Morris, MI 48458

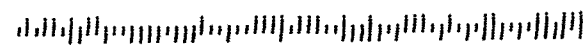
METROPLEX MI 480

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Flint Water Settlement Program  
1775 St. James Place, Suite 200  
Houston, Texas 77056-3472

77056-341550



## 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.

<b>Registrant Name</b>	Last <u>Shaffer</u>	First <u>Diane</u>	Middle <u>Elaine</u>
<b>Social Security Number of Registrant</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>3</u><u>7</u><u>5</u> <u>4</u><u>8</u> <u>5</u><u>3</u><u>4</u><u>1</u> </div>		<b>Date of Birth of Registrant</b> <u>7, 25, 52</u> (Month/Day/Year)
<b>Current Address of Registrant</b>	Street/P.O. Box <u>2023 O'Brien Rd</u>		Apt./Suite
	City <u>Mt. Morris</u>	State <u>Mi</u>	ZIP <u>48458</u>
	Dates resided at this address: From <u>4/17/17</u>		To <u>2/22/21</u>
<b>All Other Registrant Addresses Since April 25, 2014</b> (if not the same as current address)	Street/P.O. Box		Apt./Suite
	City	State	ZIP
	Dates resided at this address: From		To
<b>Addresses</b> (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
<b>Registrant's Contact Information.</b> 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 <u>810 835 8413</u>		<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 <u>dshaffer808@gmail.com</u>		

**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](http://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](http://OfficialFlintWaterSettlement.com).

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**3. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION**  
(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

Is this registration being made by a Next Friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person?

YES ☐ NO ☐

If Yes, complete this section 3.

**Relationship to Registrant**

Attach documents proving that you have the relationship to, or the legal appointment for, the Registrant in the box(es) you check. Please review the attached chart that shows the documents you will need to submit.

You must also provide notice to the Registrant's other relatives or court-appointed representatives listed that you are submitting this Registration for the Registrant. For example, if you are the Registrant's sibling, you must notify Registrant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are registering for the Registrant.

**Check all that apply:**

- ☐ Spouse ☐ Parent ☐ Stepparent  
☐ Adult Child ☐ Adult Sibling  
☐ Adult Aunt ☐ Adult Uncle  
☐ Grandparent  
☐ Legal Guardian or other court-appointed representative  
☐ Estate Administrator  
☐ Other (specify):

<b>Representative's Name</b>	Last		First		Middle
<b>Representative's Address</b>	Street/P.O. Box				Apt./Suite
	City		State	ZIP	
<b>Representative's Social Security Number</b>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				<b>Date of Birth of Registrant</b> ____/____/____ (Month/Day/Year)
<b>Date of Death of Registrant (if applicable)</b>	____/____/____ (Month/Day/Year)				
<b>Representative's Contact Information</b>	Phone		<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				



#### 4. ATTORNEY INFORMATION

Did you hire an attorney to represent or assist you?

YES ☐ NO ☐

If Yes, complete this section 4.

<b>Attorney's Name</b>	Last	First	
<b>Firm Name</b>	Law Firm		
<b>Address</b>	Street		
	City	State	ZIP
<b>Phone and Email</b>	Phone		Email

#### 5. DOCUMENT REQUIREMENTS

To register, you must submit the following documents to ARCHER Systems, LLC either in the return envelope provided if you received this form in the mail, or complete the Registration Form and upload the supporting documents by going to the website and following the links at: [OfficialFlintWaterSettlement.com](http://OfficialFlintWaterSettlement.com):

<input type="checkbox"/>	This completed and signed Registration Form and attached Authorization to Disclose Blood Lead Level Test Result Data to MDHHS if Registrant intends to make a personal injury claim. MDHHS Authorization is optional for Registrant to sign. However, such Authorization is the only way that MDHHS can provide Registrant's blood lead level test results to the Settlement Claims Administrator to assist with Registrant's future claim.
<input type="checkbox"/>	Copy of identification document, such as your State-issued ID card, driver's license, birth certificate, tax return or similar document, unless counsel for Registrant/Next Friend signs and verifies this Registration Form with permission of such Registrant/Next Friend.
<input type="checkbox"/>	Any documents required if you filled out section 3 of this form for a minor, legally incapacitated or deceased person.

#### 6. VERIFICATION

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; the Registrant meets the eligibility criteria above in section 1; all information submitted in support of this Registration, including the information contained within and submitted with this Registration Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 3 above, I have notified all persons who have the identified relationship with the Registrant and who might qualify to act as a Next Friend for the Registrant, that I am submitting this Registration Form on behalf of the Registrant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Registration Form may result in fines, imprisonment, and/or any other remedy available by law.

<b>Registrant's or Representative's Signature</b>		<b>DATE</b>	<u>    /    /    </u> (Month/Day/Year)
<b>Printed Name</b>	First	MI	Last

Instructions to complete this form are attached.

**AUTHORIZATION TO DISCLOSE BLOOD LEAD TEST RESULT DATA:**

Michigan Department of Health and Human Services

*Directions: Type or Print all requested information, with exception of signatures on Page 2.*

Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.) <i>Diane Elaine Shaffer</i>			Individual's Gender <i>Female</i>
Street Address <i>2023 O'Brien Rd</i>			Individual's Date of Birth <i>7/25/52</i>
City <i>Mt. Morris</i>	State <i>Mi</i>	ZIP Code <i>48458</i>	Phone <i>(810) 835-8413</i>

**I AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) TO SHARE MY HEALTH INFORMATION:**

All blood lead test results on record after April 1, 2014. The Court-appointed Claims Administrator will keep the test results confidential and will use the information only for purposes of administering the claim, and copies of the test results provided will be destroyed when no longer needed by the Claims Administrator.

**MDHHS MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:**

Archer Systems, LLC

Name of Person/Organization

1775 St. James Place, Suite 200

Street Address

Houston, Texas 77056

City, State, ZIP Code

(800) 493- 1754

Phone Number

**MDHHS WILL SHARE MY BLOOD LEAD TEST RESULTS FOR THE FOLLOWING REASON:**

Blood lead test results will be shared with the Court Appointed Claims Administrator to provide proof of blood lead tests for the purpose of making a claim for compensation in the Flint Water Settlement.



This form must be postmarked NO LATER THAN MARCH 29, 2021, to the addresses below, or else you will lose your right to opt out.

**IF YOU SIGNED THIS FORM, YOU MUST PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:**

1. Please choose the following option(s) that apply to you. You may choose more than one option if more than one applies.

- ☐ I was 18 or older during any of the period April 25, 2014, to November 16, 2020. During that time, I ingested or came into contact with water received from the Flint Water Treatment Plant and suffered personal injury. ("Adult Exposure Subclass")
- ☐ I owned or operated a business, including income-earning real property and any other businesses, that received water from the Flint Water Treatment Plant at any time during April 25, 2014, to November 16, 2020, and could claim a resulting business economic loss. I am not a local, state, or federal government office or entity. ("Business Economic Loss Subclass")
- ☐ I owned or was the lessee of residential real property that received water from the Flint Water Treatment Plant at any time during April 25, 2014, to November 16, 2020. I am not a local, state, or federal government entity. ("Property Damage Subclass")

2. If you checked the box above for "Adult Exposure Subclass," please answer the following questions:

- Did you have a blood lead test taken between April 25, 2014, and July 31, 2016, with results of 5 ug/dL or above?  
☐ Yes    ☐ No
- Did you live or dwell in a residence that had water samples taken between April 25, 2014, and July 31, 2016, with lead results of 15 ppb or above?  
☐ Yes    ☐ No    ☐ I don't know

If you answered, "I don't know," please list all addresses where you lived or dwelled between those dates.

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- Did you live or dwell in a residence between April 25, 2014, and July 31, 2016, that had lead or galvanized steel service lines?  
☐ Yes    ☐ No    ☐ I don't know

If you answered, "I don't know," please list all addresses where you lived or dwelled between those dates.

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- Did you contract Legionnaire's Disease between April 25, 2014, and December 31, 2018?

☐ Yes ☐ No

- If a Personal Representative is filling out the form, did the Claimant die of Legionnaire's Disease between April 25, 2014 and December 31, 2018?

☐ Yes ☐ No

3. If you checked the box above for "Property Damage Subclass," please answer the following questions:

- Did you own real property that had any water sample taken between April 25, 2014, and July 31, 2016, showing lead in the water of 15 ppb or above?

☐ Yes ☐ No

- Did you own real property between April 25, 2014, and July 31, 2016, that had lead or galvanized steel service lines?

☐ Yes ☐ No ☐ I don't know

- If you answered, "I don't know" to either of the previous two questions, please list all real property addresses that you owned between those dates:

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