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Claim Form

The Court has entered the Preliminary Approval Order in the class action lawsuit entitled Hernandez et al. v. Golden Gate Equity Holdings, LLC et al., San Francisco County Superior Court, Case No. CGC-10-505288. If you are a current resident you do not need to complete this form. If you are a former resident or are claiming on behalf of a former resident or as a successor to a resident you must complete this Claim Form to be eligible to receive cash benefits under the Plaintiffs' Settlement Agreement. You must also sign this Claim Form where indicated and mail it to the address listed below no later than July 23, 2013. Claim Forms that are postmarked after that date will not be accepted.

1. Class Member: If you are a former resident of a facility named in the Notice, please provide the information below.

First Name M.I. Last Name

Address 1

Address 2

City State Zip Code

Area code Telephone number (Daytime) Area code Telephone number (Evening)

Social Security Number or Tax Identification Number

2. Representative(s) of Class Member: If you are submitting this Claim Form on behalf of a Class Member (a Class Member is a resident or former resident of a named facility), please complete the following:

a. First Name M.I. Last Name

Address 1

Address 2

Area code Telephone number (home) Area code Telephone number (work)

Representative Capacity(ies) of Claimant(s), if other than Class Member

Social Security Number or Tax Identification Number

b. First Name M.I. Last Name

Address 1



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Address 2

[Grid for Address 2]

Area code Telephone number (home)

[Area code] - [Telephone number (home)]

Area code Telephone number (work)

[Area code] - [Telephone number (work)]

Representative Capacity(ies) of Claimant(s), if other than Class Member

[Grid for Representative Capacity]

Social Security Number or Tax Identification Number

[Grid for Social Security Number or Tax Identification Number]

C. First Name

[Grid for First Name]

M.I.

[Grid for M.I.]

Last Name

[Grid for Last Name]

Address 1

[Grid for Address 1]

Address 2

[Grid for Address 2]

Area code Telephone number (home)

[Area code] - [Telephone number (home)]

Area code Telephone number (work)

[Area code] - [Telephone number (work)]

Representative Capacity(ies) of Claimant(s), if other than Class Member

[Grid for Representative Capacity]

Social Security Number or Tax Identification Number

[Grid for Social Security Number or Tax Identification Number]

If there are more than three (3) Representatives of Class Members, a separate sheet of paper may be attached.

In addition, if you are submitting this Claim Form on behalf of a Class Member who is now deceased, you must complete the enclosed Declaration and submit it with this Claim Form. You can go to the website at www.goldenlivingsettlement.com to help you with the Declaration. If you do not have access to the website to get information regarding your Successor-In-Interest claim, call the Administrator at (888) 275-5728.

3. Certification: I/we hereby certify that I have read the Notice of Proposed Class Action Settlement. I/we hereby certify that I or the Class Member, as the case may be, was a resident at one or more of the Skilled Nursing Facilities listed in the Notice of Proposed Class action Settlement during the Class Period.

I/we hereby certify that the statements and information set forth above are true and correct.

Dated: _____ Signed: _____

Dated: _____ Signed: _____

Dated: _____ Signed: _____

4. Mail Claim Form: Mail your completed Claim Form and, if applicable, the Declaration and a copy of the deceased Class Member's death certificate, using the self-addressed, postage prepaid envelope that is enclosed, to the following address:

Golden Gate Settlement Claim Administrator
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

NOTE: CLAIM FORM AND ALL OTHER APPLICABLE FORMS AND ENCLOSURES MUST BE POSTMARKED NO LATER THAN JULY 23, 2013.

IF YOU MOVE OR CHANGE YOUR MAILING ADDRESS, IT IS YOUR RESPONSIBILITY TO SEND THE CLAIMS ADMINISTRATOR YOUR NEW ADDRESS AND CONTACT INFORMATION TO ENSURE RECEIPT OF FURTHER NOTICES AND ANY SETTLEMENT PAYMENT.

