Case 2:00-mc-00005-DPH ECF No. 1489-2 filed 04/10/19 PageID.24213



EXHIBIT (month)

Telephone 713,874,6099 866,874,6099

P.O. Box 52429 Houston, Texas 77052

May 10, 2016

SID 0605582

MATERNA CUSTER & ASSOCIATES 2104 E 11 MILE RD STE 500 WARREN, MI 48091 UNITED STATES OF AMERICA

Re:					
Subject:	DINISSING	OP	INIVAL	153	ADE

Dear Counsel:

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimant referencedabove that is not valid. Correspondence sent to the Claimant in 2014 regarding payments was returned to the SF-DCT as undeliverable with no forwarding address available. At the time of the Claim payments, you were the attorney of record. We have confirmed that the claim awards are cashed.

	Disease Partial Premium Payment	December 11, 2014	\$1,000	
.	Rupture Partial Premium Payment	November 13, 2014	\$1,250	

As a result of the returned mail, the SF-DCT requires that the <u>claimant</u> complete and return the attached Address Update/Correction Form. Currently, the claim has been placed on Administrative Hold. Please note that if the Address Form is not returned, the claim may be deemed as abandoned, and closed.

Please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

SF-DCT P.O. Box 52429 Houston, Texas 77052

The SF-DCT can only accept this form from the claimant or the legally authorized representative. After the Address Update/Correction Form is received, and verified, the Administrative Hold will be removed.

If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure: Address Update/Correction Form



P.O. Box 52429 Houston, Texas 77052

November 15, 2016

Telephone 713,874,6099 866,874,6099

SID 0605582

MATERNA CUSTER & ASSOCIATES 2104 E 11 MILE RD STE 500 WARREN, MI 48091 UNITED STATES OF AMERICA

Subject: MISSING OR INVALID ADDRESS - Second Request

Dear Counsel:

The Settlement Facility-Dow Corning Trust (SF-DCT) has address information for the Claimant referencedabove that is not valid. Correspondence sent to the Claimant in 2014 regarding payments was returned to the SF-DCT as undeliverable with no forwarding address available. At the time of the Claim payments, you were the attorney of record. We have confirmed that the claim awards are cashed.

	Disease Partial Premium Payment	December 11, 2014	\$1,000	1
-	Rupture Partial Premium Payment	November 13, 2014	\$1,250	ĺ

As a result of the returned mail, the SF-DCT requires that the <u>claimant</u> complete and return the attached Address Update/Correction Form. Currently, the claim has been placed on Administrative Hold. **Please note** that if the Address Form is not returned, the claim may be deemed as abandoned, and closed.

Please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

SF-DCT P.O. Box 52429 Houston, Texas 77052

The SF-DCT can only accept this form from the claimant or the legally authorized representative. After the Address Update/Correction Form is received, and verified, the Administrative Hold will be removed.

If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure:

Address Update/Correction Form



P.O. Box 52429 Houston, Texas 77052

May 22, 2017

Telephone 713.874.6099 866.874.6099

SID 0605582

MATERNA CUSTER & ASSOCIATES 2104 E 11 MILE RD STE 500 WARREN, MI 48091 UNITED STATES OF AMERICA

Claimant:

REQUEST FOR VERIFICATION OF CLAIMANT ADDRESS FINAL NOTICE

Dear Counsel:

Correspondence mailed to the claimant by the Settlement Facility-Dow.Corning Trust (SF-DCT) regarding the breast implant Claim payments referenced below was returned undeliverable, with no available forwarding address. As a result of this returned mail, the claim is now on HOLD until we can confirm that we have located either the claimant or, if the claimant fisted above is deceased, the person with the authority to act on behalf of the claim. The SF-DCT has previously sent written requests that an Address Update /Correction Form be completed and returned; however, a Form meeting SF-DCT requirements has not been received.

At the time of the Claim payments you were the attorney of record. We have confirmed that the claim awards are cashed; therefore, it is reasonable to assume that current address information is available.

Disease Partial Premium Payment	December 11, 2014	\$1,000	
Rupture Partial Premium Payment	November 13, 2014	\$1,250	

Please note that address confirmation is required to remove the HOLD on the Claim. This can only be accomplished by returning a completed Address Update/Correction Form, signed by the claimant or the estate representative. You cannot complete this Form for the Claimant. In the next 30 days, no later than June 26, 2017 please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

SF-DCT P.O. Box 52429 Houston, Texas 77052

If you were unable to locate the Claimant to distribute the Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure:

Address Update/Correction Form