

# DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT REAL PROPERTY SALES CLAIM FORM (ORANGE FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.



## B. Information Required for a Real Property Sales Claim

If you are making a Real Property Sales claim for more than one Parcel, photocopy this Section of the Claim Form before completing it and attach the copy to the Claim Form for submission. Make one copy for each additional Parcel.

**1. On April 20, 2010, did you own a Residential Parcel located within the Real Property Sales Compensation Zone, as identified on the Real Property Sales Compensation Zone Map?** To determine whether your Parcel is an Eligible Parcel within the Real Property Sales Compensation Zone, see Section 3 of the Real Property Sales Instructions Booklet.

Yes       No

If you checked "Yes" for Question 1, continue.

If you checked "No" for Question 1, stop filling out this Claim Form. If you disagree with the Claims Administrator designation of your Parcel as not within the Real Property Sales Compensation Zone or as having a non-residential classification, you may request a review of your Parcel's eligibility designation. To request a review of your Parcel's eligibility designation, detach and fill out the two-page Real Property Sales Parcel Eligibility Request Form attached to the end of this Claim Form and submit it with the required documentation to support your request for a review of the eligibility designation. If your Parcel is added to the Real Property Sales Compensation Zone, you will be notified to submit a Real Property Sales Claim Form.

**2. Provide the address of the Residential Parcel for which you are making this Real Property Sales Claim.**

Street	Unit
City	State
Parish/County	Zip Code

**3. Provide the tax assessment identification number for the Parcel:**

**4. Provide the Parcel identification number:**

**5. Was the Residential Parcel involved in a foreclosure proceeding between April 20, 2010, and December 31, 2010?**

Yes       No

If you checked "Yes" for Question 5, you are not eligible to make a Real Property Sales Claim for this Parcel and you should not complete this Claim Form or submit Supporting Documentation for a Real Property Sales Claim.

If you checked "No," continue.

**6. Did you execute a Property Sales Contract to sell the Residential Parcel?**

Yes       No

**7. Did you close on the sale of the Residential Parcel between April 21, 2010, and December 31, 2010?**

Yes       No

If you checked "Yes" for *both* Question 6 and 7, continue.

If you checked "No" for either Question 6 or for Question 7, you are not eligible to make for a Real Property Sales Claim for this Parcel and you should not complete this Claim Form or submit Supporting Documentation for a Real Property Sales Claim.

**8. Were you the sole owner of the Residential Parcel at the time of the sale?**

Yes       No

**9. If you checked "No" for Question 8, provide:**

(a) Your percentage of ownership:

\_\_\_\_\_ %

(b) The full name(s) and ownership percentage of all co-owners of the Parcel at the time of the sale:

10. If you executed the Property Sales Contract for the Residential Parcel before April 21, 2010, was the contract sale price reduced before closing?

Yes

No

11. If you checked "Yes" for Question 10, describe why the sale price was reduced.

### C. Documentation Required for a Real Property Sales Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Real Property Sales Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Real Property Sales Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

### D. Payment

1. **If You Have Your Own Attorney.** Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*.

This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. **If You Do Not Have Your Own Attorney.** If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. **Garnishments, Liens, and other Attachments.** Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. **W-9 Form Requirement.** All claimants must provide a W-9 Form. To obtain a copy of that form, go to [www.deepwaterhorizonsettlements.com](http://www.deepwaterhorizonsettlements.com), or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

## E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

<b>Signature:</b>		<b>Date:</b>	____/____/____ (Month/Day/Year)
<b>Printed Name:</b>	First	Middle	Last
<b>Title, if a business:</b>			

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.



## E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Eligibility Request Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Eligibility Request Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Eligibility Request Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

<b>Signature:</b>		<b>Date:</b>	____/____/____ (Month/Day/Year)
<b>Printed Name:</b>	First	Middle	Last
<b>Title, if a business:</b>			

The claimant must sign this Eligibility Request Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.

**If you are not requesting a review of the Real Property Sales Compensation Zone Map's designation of your Parcel, do NOT sign this page. If you checked "Yes" for Question B.1 in the Real Property Sales Claim Form and are submitting a Real Property Sales Claim, make sure to complete and sign the Signature section on page 4 of the Claim Form. If you sign here instead, the Claims Administrator will treat your signature as binding for the claim you file.**