

**LPC Property Settlement**  
c/o Analytics Consulting LLC  
P.O. Box 2004  
Chanhassen, MN 55317-2004

E-mail: [Info@LPCPropertySettlement.com](mailto:Info@LPCPropertySettlement.com) Website: [www.LPCPropertySettlement.com](http://www.LPCPropertySettlement.com) Toll Free: (888) 449-0520

**PROOF OF CLAIM FORM**

ESSEX, ss. COMMONWEALTH OF MASSACHUSETTS SUPERIOR COURT  
CIVIL ACTION NO. 14-1122

MATTHEW ORTINS, OLIVIA SAVARINO and all other persons who have been caused similar injury and are similarly situated,  
Plaintiffs,  
vs.  
LINCOLN PROPERTY COMPANY, SALEM STATION, LLC and  
LINCOLN ASSET MANAGEMENT LIMITED PARTNERSHIP,  
Defendants.

**INSTRUCTIONS**

- Be sure that you have read and understand the information contained in the accompanying NOTICE OF CLASS ACTION AND PROPOSED SETTLEMENT (“Notice”).
- To be eligible to recover as a Class Member, you must complete and sign this Proof of Claim Form and mail it by First-Class Mail, postage prepaid, to this address: LPC Property Settlement, c/o Analytics Consulting LLC, P.O. Box 2004, Chanhassen, MN 55317-2004.
- DO NOT mail the Proof of Claim Form to the Court, the parties, or their attorneys.
- If you fail to timely submit a properly completed Proof of Claim Form, your claim may be rejected, and you may be precluded from any recovery for the settlement.
- **ALL CLAIM FORMS MUST BE POSTMARKED NO LATER THAN 5:00PM EASTERN STANDARD TIME, 180 DAYS FROM THE FINAL ORDER OF FINAL APPROVAL OF THE CLASS SETTLEMENT ENTERED BY THE COURT.**
- Submission of this Proof of Claim Form does NOT guarantee that you will share in the Settlement. The Settlement Fund will be distributed according to the Settlement Agreement, if approved by the Court, or another plan of distribution as ordered by the Court.
- If you are not a Class Member, DO NOT submit a Proof of Claim Form. You may NOT participate in the Settlement if you are not a Class Member.

**CLAIMANT INFORMATION**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I certify that I paid an application fee to a Lincoln Property Company, Lincoln Apartment Management, LP, or Salem Station, LLC Community, Defendant or Released Party that is listed in Exhibit "A" to the Notice:

Signature: \_\_\_\_\_

I certify that I paid a lock and key fee to a Lincoln Property Company, Lincoln Apartment Management, LP or Salem Station, LLC Community, Defendant or Released Party that is listed in Exhibit "A" to the Notice:

Signature: \_\_\_\_\_

Please provide the name of the Lincoln Property Company, Lincoln Apartment Management, LP or Salem Station, LLC Community to which you paid the application fee (For a complete listing of the Lincoln Property Company, Lincoln Apartment Management, LP or Salem Station, LLC Communities, Defendants or Released Parties involved in this Settlement, please refer to Exhibit "A" to the Notice):

Name of Community: \_\_\_\_\_

Please provide the name of the Lincoln Property Company, Lincoln Apartment Management, LP or Salem Station, LLC Community to which you paid lock and key fee (For a complete listing of the Lincoln Property Company, Lincoln Apartment Management, LP or Salem Station, LLC Communities, Defendants or Released Parties involved in this Settlement, please refer to Exhibit "A" of Notice):

Name of Community: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

**CERTIFICATIONS**

- I declare or affirm, under penalty of perjury, that the information in this claim form is true and correct to the best of my knowledge and that I paid an application fee between July 8, 2010 to November 22, 2019.
- I have read and understand the information provided in the Notice that accompanied this form.
- I am a Class Member as defined in the Notice.
- I submit myself to the jurisdiction of the Court with respect to my claim.
- I waive my right to a trial by jury, to the extent that it exists, and agree to the Court's summary disposition of the determination of the validity or amount of my claim made by this Proof of Claim Form.
- I further understand that my claim form may be subject to audit, verification, and Court review and that I may be asked to submit documentation to verify the information contained in my completed Proof of Claim Form.
- I acknowledge that I will be bound by and subject to the terms of any judgment(s) that may be entered in this Class Action.
- I agree to provide any additional information required to evaluate my claim.
- By signing and submitting this Proof of Claim Form, I understand that upon approval of the Settlement, submission of my Proof of Claim Form, and receipt of my Settlement Fund payment, the Class shall release, acquit, and forever discharge Defendants and the Communities respectively, and each of its respective past, present and future parent companies, subsidiaries, affiliates, divisions, agents, employees, owners, members, managers, officers, directors, and their respective successors, heirs and assigns, partners, legal representatives, accountants, trustees, executors, administrators, alter egos, predecessors, successors, transferees, assigns and insurers from all actions, claims, demands, or causes of action which the Class has asserted or could have asserted which have arisen, or will arise, or are based upon, or relate to the charging of an application fee or reservation fee during the Class period through the date the Court approves the Settlement, and as provided in the notices and pleadings filed with the Court in this action.

Signature of Claimant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Remember: all claim forms must be postmarked by 5:00PM Eastern Standard Time, 180 days from the Final Order of Final Approval of the Class Settlement entered by the Court to:**

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