

SETTLEMENT FACILITY -DOW CORNING TRUST
3200 SW Freeway, STE 1500
Houston, TX 77027

Estate Claims Affirmation and Agreement

I, _____, an attorney at law, hereby affirm and agree as follows:

1. This will certify that for each of the claims on the attached list, this office has performed a diligent investigation and is satisfied that the claimant(s) named thereon has (have) all requisite legal authority to assert, release, and receive payment for a claim for damages based on the decedent's claim.
2. This will also certify that for each of the claims on the attached list, this office did perform a diligent investigation and was satisfied that the claimant(s) named thereon had all requisite legal authority to assert, release, and receive payment for a claim for damages based on the decedent's claim.
3. In consideration of the payment herein provided, the undersigned attorney of record agrees to fully indemnify the Settlement Facility – Dow Corning Trust (SF-DCT) and the Trustee and any officers or employees of the SF-DCT for any losses or damages sustained in the event the claimant(s) named herein do(es) not have all requisite legal authority to assert, release, and receive payment for a claim for damages based on the decedent's claim. I further agree to indemnify the SF-DCT for all costs it incurs in collecting such losses or damages, including attorney fees.
4. In consideration of the payment(s) previously received, the undersigned attorney of record agrees to fully indemnify the Settlement Facility – Dow Corning Trust (SF-DCT) and the Trustee and any officers or employees of the SF-DCT for any losses or damages sustained in the event the claimant(s) named herein did not have all requisite legal authority to assert, release, and receive payment for a claim for damages based on the decedent's claim. I further agree to indemnify the SF-DCT, in lieu of returning such payment(s) for all costs it incurs as a result of any damages, including attorney fees.

Attorney of Record

Law Firm

Date

State of _____
County of _____

Before me, (_____), on this day personally appeared _____, known to me (or proved to me on the oath of _____ or through (_____)) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, (year).

Notary Public's Signature

(Personalized Seal)

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INSTRUCTIONS: Only the Attorney of Record may sign and submit the Estate Claims Affirmation and Agreement form to the SF-DCT. Any approved SF-DCT payments will be issued to the estate of the decedent.

Please note: Any approved SF-DCT payments will be issued to the estate of the decedent. If the check needs to be issued to the Fiduciary, you will be required to include the Fiduciary's Social Security Number. We require the Social Security Number for every payee on a check.

The following information must be attached to the fully executed Estate Claims Affirmation and Agreement Form on the attached Addendum:

- Claimant Name
- Claimant SID#
- Claimant Social Security No.
- Name of Fiduciary
- Fiduciary Address
- Fiduciary Telephone No.
- An original, certified copy of the claimant's death certificate (*NOTE: you are not required to re-submit an original, certified copy of the death certificate if you have already provided the SF-DCT with the same.*)

