

PORT LIBERTÉ SETTLEMENT CLAIM FORM

Instructions

If you are or were an owner or tenant of a condominium unit in certain buildings at Port Liberté, you may be eligible to receive a cash payment.

You may be eligible for a payment (meaning that you're a "Class Member") if you owned or leased a unit at 1 Independence Way, 205 Shearwater Court West, 206 Shearwater Court West, 207 Shearwater Court West, 208 Shearwater Court West, 100 Shearwater Court East, 101 Shearwater Court East, 102 Shearwater Court East, 15 Freedom Way, or 4 Constellation Place that has windows, doors, balconies, or other open-air access facing business operations at Claremont Terminal at any point between April 26, 2018 and January 23, 2026. Important information is available on the Settlement Website, www.PortLiberteSettlement.com.

To file a Claim for a payment, you must complete and file this Claim Form. You can either:

(1) File Online: File online at www.PortLiberteSettlement.com; or

(2) File by Mail: Fill out, sign, and return this form to:

Port Liberté Settlement
c/o JND Legal Administration
PO Box 91232
Seattle, WA 98111

IMPORTANT: THE DEADLINE TO FILE A CLAIM IS MAY 26, 2026.

STEP 1: PROVIDE YOUR CONTACT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Mailing Address: _____
(Street) (Unit/Apt #)

(City) (State) (Zip Code)

Telephone No.: _____ - _____ - _____

Email Address: _____

Social Security No.: _____ - _____ - _____ ~OR~

Tax ID No.: _____ - _____

STEP 2: PROVIDE YOUR CLAIM ID AND PORT LIBERTÉ ADDRESS

Claim ID: _____

(Your Claim ID was included in the notice you received. We sent notices by email and mail. If you don't know your Claim ID, please email info@PortLiberteSettlement.com or call 877-206-2311.)

Port Liberté Address

Street Address of Building: _____
(Street) (Unit #)

(City) (State) (Zip Code)

STEP 3: PROVIDE INFORMATION ABOUT YOUR OWNERSHIP OR TENANCY AT PORT LIBERTÉ

I ☐ own(ed) ☐ lease(d) my unit at Port Liberté (check only one).

IF YOU ARE OR WERE AN OWNER:

I have owned my unit since _____ (provide date of purchase of unit - MM/DD/YYYY).

☐ **Please attach a copy of a document demonstrating proof of ownership of the unit (such as a property title/deed, purchase agreement, or property tax bill/receipt).**

I sold my unit (*if applicable*) on _____ (provide date of sale of unit - MM/DD/YYYY).

I have lived in my unit from _____ until _____ (provide dates of residence in unit - MM/DD/YYYY).

☐ **Please attach a copy of a document demonstrating proof of residence at the unit (such as a utility bill).**

If anyone else was a co-owner with you while you owned the unit, please provide his/her name:

(Co-owner #1)

(Co-owner #2)

Note: To receive a cash payment, each co-owner must either complete his or her own Claim Form or sign the Claim Form below.

If applicable: I have leased my unit to someone else from _____ until _____
(provides dates of lease - MM/DD/YYYY)

IF YOU ARE OR WERE A LESSEE:

I leased my unit from the unit's owner from _____ until _____ (provide dates of lease - MM/DD/YYYY).

☐ **Please attach a copy of your lease or some other proof of residence at the unit (such as a utility bill).**

If anyone else was a co-lessee with you while you leased the unit, please provide his/her name:

(Co-lessee #1)

(Co-lessee #2)

Note: To receive a cash payment, each co-lessee must either complete his or her own Claim Form or sign the Claim Form below.

STEP 4: SIGN THE FORM

☐ **Certification:** I hereby certify under penalty of perjury that (1) the above and foregoing is true and correct; and (2) I believe, in good faith, that I currently own or lease an eligible unit at Port Liberté or that I previously owned or leased an eligible unit at Port Liberté at any point between April 26, 2018 and the date of Preliminary Approval.

Your Signature

Date

Co-owner #1 / Co-lessee #1 Signature

Date

Co-owner #2 / Co-lessee #2 Signature

Date