CLAIM FORM

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS DECEMBER 27, 2023

This is the official Claim Form you must use to make a claim in the Class Settlement of <u>Viggiano v. Surety Title Company</u>, Docket No. CAM-L-3155-22, filed in the Superior Court of Camden County, New Jersey. Please read this form carefully and fill it out completely.

In order to qualify for relief under the Settlement, you must be a New Jersey citizen who, between November 29, 2016 and July 12, 2023, participated in a real estate closing for a property located in New Jersey where Surety Title Company, LLC ("Defendant" or Surety") served as a closing agent and (ii) was charged a separate fee for at least one of the following items: a Record Notice of Settlement", a "Real Estate Closing," a "Tax Search", an "Upper Court/U.S. Patriot Search", a "Corporate Status Search", a "Tidelands Search" (the "Fees at Issue").

If this applies to you, then you are a Settlement Class Member.

To be eligible for benefits under the Settlement, a Settlement Class Member must complete this Claim Form and mail, email, or fax it to Surety on or before **December 27, 2023**. The information you provide below, which can be found on your HUD-1 settlement statement or Closing Disclosure, will be compared with Surety's records to determine if you qualify for a Cash Award in the amount of any overcharge or improper fee or portion thereof and/or a \$3.00 Inconvenience and Customer Relations Award. **If you qualify, you will receive a check after the Settlement is finally approved. Please complete a separate Claim Form for each closing you attended.**

If you have any questions, please contact Surety at 856-395-7439or via email at contact@viggianonewjerseytitlesettlement.com. You may also contact Class Counsel at 856-797-9951 or via email at SDenittis@DeNittislaw.com.

THIS COMPLETED FORM MUST BE POSTMARKED, E-MAILED, OR FAXED NO LATER THAN DECEMBER 27, 2023.

1. Contact Information.

Phone Number:

Provide your full name, present address, and either a phone number or e-mail address at which may be contacted if necessary:				
First Name	Last Name	Last Name		
Address				
City	State	Zip Code		
()				

E-Mail Address:

2.	Closing Date and Property Add	<u>lress.</u>	
Date of	of Closing:		
If diff	erent from above, provide the ad-	dress of the property:	
Addre	ess		
City		State	Zip Code
3.	Certification: I hereby certify u	nder penalty of perjury that:	
a.	I was a New Jersey citizen at th	ne time of the above referenc	ed closing.
b.	I understand that if two or mo participated jointly as buyers or single Class Member for purpos	seller in the same transaction	, these persons will constitute a
c.	No portion of this Claim to w conveyed.		•
Class	Member Signature	Date	
	Return the completed	Claim Form by DFCFMRF	R 27 2023 to:

VIGGIANO NEW JERSEY TITLE CLASS SETTLEMENT ATTN: CLASS ACTION DEPARTMENT 11 EVES DRIVE, SUITE 150 MARLTON, NJ 08053 FAX: 856-334-0355

EMAIL: contact@viggianonewjerseytitlesettlement.com

REMEMBER TO COMPLETE AND RETURN THIS CLAIM FORM BY **DEEMBER 27 2023**