

**CLAIM FORM**

*Please provide the following updated information to assist in processing your claim.*

1. Name (all names as they appeared on your account): \_\_\_\_\_

2. Address to which any payment should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You must confirm the following as a condition to being eligible to receive payment:**

1. I (or we) hereby represent and affirm that during the period between January 1, 1999, through June 30, 2001, or for as long as Bank United serviced my loan:

a. I was in regular contact with Bank United (or WMBFA) during any period in which my HUD-insured Bank United loan was in default for 30 days or more, and

b. The property securing my HUD-insured Bank United loan was not vacant or abandoned during any period of default lasting 30 days or more.

2. I (or we) hereby represent and affirm that I have not lost the property securing my HUD-insured Bank United loan through foreclosure by Bank United or WMBFA.

3. I (or we) certify that I am the only person entitled to receive payment on the account set forth above.

I (or we) declare under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2004, at \_\_\_\_\_.

[month]

[City and State]

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Claimant (for joint accounts)

**RETURN FORM BY *JULY 14, 2004* TO:**  
*SANDOVAL CLAIMS ADMINISTRATOR*  
*400 EAST MAIN STREET STA 4SPT*  
*STOCKTON, CALIFORNIA 9529*

LOAN NUMBER: \_\_\_\_\_