

ASSIGNMENT FORM
Old Cal Shake Class Action Settlement

I. GENERAL INSTRUCTIONS

THIS FORM MUST BE COMPLETED AND RETURNED ONLY IF THE OLD CAL SHAKE ROOFING CLAIM ON THE PROPERTY HAS BEEN ASSIGNED. This Assignment Form must be signed by all parties to the assignment and all signatures must be notarized.

IF YOU ALREADY HAVE WRITTEN DOCUMENTATION OF THE ASSIGNMENT, SIGNED AND NOTARIZED BY ALL PARTIES TO THE ASSIGNMENT, YOU MAY SIMPLY RETURN THAT DOCUMENT TO THE CLAIMS ADMINISTRATOR AND DO NOT NEED TO COMPLETE THIS FORM.

Return an ORIGINAL Assignment Form to:

Old Cal Shake Claims Administrator
P.O. Box 38309
Sacramento, CA 95834

If you have any questions, please call 1-866-844-0600 or visit www.calshakeclassaction.com.

II. PROPERTY

Address of the property for which this Assignment is being submitted:

Street Address: _____

City, State, Zip: _____

III. ASSIGNMENT

I (We), _____ [please print name(s)], the Assignors and the undersigned, hereby assign to
_____ [please print name(s)] (“Assignee(s)”) any and all Settled Claims, as defined below with respect to Old Cal
Shake roofing shakes on the Property described above.

Assignment Form (continued)
Old Cal Shake Class Action Settlement

ASSIGNOR:

Signature of Assignor **Date**

Signature of Co-Assignor **Date**

STATE OF _____)

COUNTY _____) ss.

On this day personally appeared before me _____ to make known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this ___ day of _____, _____.

Print name: _____.

NOTARY PUBLIC in and for the State of _____.

My appointment expires _____.

ASSIGNEE:

Signature of Assignee **Date**

Signature of Co-Assignee **Date**

STATE OF _____)

COUNTY _____)

On this day personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this ___ day of _____, _____.

Print name: _____.

NOTARY PUBLIC in and for the State of _____.

My appointment expires _____.