

**FIRST JUDICIAL DISTRICT COURT
COUNTY OF SANTA FE
STATE OF NEW MEXICO**

No. SF 96-2430(c)

ERMELINDA WILLIAMS, et al.,

Plaintiffs,

vs.

MICHAEL W. STEWART, M.D.,

Defendant.

CLAIM FORM

YOU MUST READ THESE INSTRUCTIONS CAREFULLY. IF YOU FAIL TO FOLLOW THESE INSTRUCTIONS, YOU MAY LOSE CERTAIN BENEFITS TO WHICH YOU WOULD OTHERWISE BE ENTITLED.

A proposed settlement has been reached in this proceeding between the Class Representatives, on behalf of themselves and the SubClass, and Defendant Michael W. Stewart, M.D. ("Settling Defendant Stewart"), as set forth in the Class Action Settlement Agreement and Release ("Settlement Agreement") filed with the Court on October 20, 2006 whereby the Settling Defendant has agreed to pay a lump sum of Eight Hundred Thousand Dollars (\$800,000.00) ("Settlement Amount") in full settlement of all individual and Subclass claims that were or could have been asserted against Settling Defendant Stewart. In order to be eligible to participate in the distribution of funds from the partial settlement of this class action proceeding, you **MUST** submit this Claim Form postmarked or otherwise delivered **NO LATER THAN APRIL 2, 2007. IF YOU DO NOT RETURN A CLAIM FORM POSTMARKED OR OTHERWISE DELIVERED BY THIS DEADLINE, YOUR CLAIM WILL BE REJECTED AND YOU WILL BE DEEMED TO HAVE WAIVED ALL RIGHTS TO RECEIVE ANY OF THE SETTLEMENT BENEFITS.**

Under the Settlement Agreement, any Subclass Member who does not opt out of the Subclass will be bound by any final judgment and barred from pursuing individual claims against Settling Defendant Stewart. However, only surviving spouses, children, parents, and siblings of Decedents (or, in some cases, next of kin who signed autopsy consents or grandchildren) are potentially eligible to share in the monetary compensation made available by the Settlement Agreement. The Settlement Agreement proposes that the Settlement Amount be allocated and distributed as follows:

1. First, payment shall be made of such attorneys' fees (to Class Counsel), gross receipts taxes, costs, expenses and interest as may be directed by the Court, including expenses of notice and administration of the settlement.
2. Second, payment shall be made to each of the Class Representatives as may be directed by the Court in recognition of their services in that capacity.

3. Third, the balance remaining shall be divided by the total number of Stewart Decedents with respect to whom no Subclass Member timely elects to opt out of the Subclass, and with respect to whom at least one of the following timely submits a valid claim: the Decedent's (1) spouse, (2) parents, (3) children, (4) siblings, (5) next of kin who gave permission for the Decedent's autopsy, or (6) grandchildren, but only if there is no living spouse, parent, child or sibling of the Decedent. The resulting sum shall constitute the "Decedent's Family Share" and shall be distributed pursuant to the following plan:
 - A. If the Decedent's spouse timely submits a valid claim, then one-half of the Decedent's Family Share shall be paid to the Decedent's spouse. The remaining one-half of the Decedent's Family Share shall be paid in equal shares to each of the Decedent's (1) parents, (2) children, (3) siblings, and (4) next of kin who gave permission for the Decedent's autopsy, who timely submits a valid claim. In the event that none of the Decedent's parents, children, siblings or next of kin who gave permission for the Decedent's autopsy timely submits a valid claim, then the remaining one-half of the Decedent's Family Share shall be paid to the Decedent's spouse.
 - B. If the Decedent's spouse does not timely submit a valid claim, then the Decedent's Family Share shall be paid in equal shares to each of the Decedent's (1) parents, (2) children, (3) siblings, and (4) next of kin who gave permission for the Decedent's autopsy, who timely submits a valid claim.
 - C. If there is no living spouse, parent, child, or sibling of the Decedent, or next of kin who gave permission for the Decedent's autopsy, then the Decedent's Family Share shall be paid in equal shares to each of the Decedent's grandchildren who timely submits a valid claim.

If you have any questions regarding this Claim Form or need any further information or assistance, please contact Plaintiffs' Class Counsel:

John C. Bienvenu, Esq.
Richard W. Hughes, Esq.
Rothstein, Donatelli, Hughes,
Dahlstrom, Schoenburg & Bienvenu, LLP
P.O. Box 8180
Santa Fe, NM 87504-8180
505-988-8004

INSTRUCTIONS:

1. All questions must be answered.
2. The Claim Form must be signed under penalty of perjury.
3. The completed Claim Form must be sent to the following address so that it is postmarked or otherwise delivered no later than 30 days after the final fairness hearing, scheduled for March 2, 2007.

Settlement Claims Administrator
Post Office Box 10867
Tallahassee, FL 32302-2867

4. After submitting the completed Claim Form, you may be required to submit additional proof, including a photocopy of your driver's license, passport, birth certificate, or other identifying document.

SWORN AFFIDAVIT:

STATE OF _____)
) ss.
COUNTY OF _____)

1. My name is:

(First) (Middle) (Last)
2. My home address is: _____
3. My phone number (including area code) is: _____ (day)
_____ (eve.)
4. My social security number is: _____
5. My date of birth is: _____

6. The name of the Decedent(s) (the person who died and upon whom an autopsy was performed) that I am related to is (are) (attach separate sheet if necessary):

(first) (middle) (last)

(first) (middle) (last)

(first) (middle) (last)

7. My relationship (e.g., wife, husband, son, sister, etc.) to the Decedent(s) is:

8. The other living relatives of the Decedent(s) that I know of are (attach separate sheet if necessary):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>TELEPHONE NO.</u>
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CERTIFICATION UNDER PENALTY OF PERJURY

I hereby affirm and declare under penalty of perjury that I have read and understand the contents of this Claim Form and the Class Notice, the statements made in this Claim Form are true and correct, and I am over the age of eighteen (18) and am of sound mind.

Signature

Type or print name

Date