

**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.**

**OPT-OUT FORM**

IN ORDER TO **EXCLUDE** YOURSELF FROM THE SUBCLASS WHICH HAS BEEN CERTIFIED IN THIS PROCEEDING, YOU MUST SEND THIS OPT-OUT FORM SO THAT IT IS RECEIVED NO LATER THAN FEBRUARY 15, 2007.

**IF THIS OPT-OUT FORM IS RECEIVED BY THE DEADLINE, THEN YOU WILL BE EXCLUDED FROM THE SUBCLASS AND YOU WILL NOT BE ENTITLED TO ANY BENEFITS UNDER THE SETTLEMENT AGREEMENT WITH SETTLING DEFENDANT STEWART, NOR WILL YOU BE ENTITLED TO OBJECT TO THE SETTLEMENT AGREEMENT.**

Before electing to opt-out and exclude yourself from the Subclass, you should read the enclosed Notice of Proposed Class Settlement to understand the effect of either opting out of the Subclass or not opting out of the Subclass. You have the right to confer with Plaintiffs' Class Counsel or counsel of your own choosing before executing this Opt-Out Form. If you have any questions regarding the effect of opting out of the Subclass or not opting out of the Subclass, 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 Opt-Out Form must be signed under penalty of perjury.
3. The completed Opt-Out Form must be mailed or otherwise delivered to following address so that it is received no later than February 15, 2007

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

4. After submitting the completed Opt-Out 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 whose body parts were taken) that I am related to is (are) (attach separate sheet if necessary):

\_\_\_\_\_

(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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9. **I WANT TO BE EXCLUDED FROM THE SUBCLASS CERTIFIED IN THIS PROCEEDING AND FROM ALL BENEFITS OTHERWISE AVAILABLE TO ME UNDER THE SETTLEMENT: \_\_\_\_\_ Yes**

**CERTIFICATION UNDER PENALTY OF PERJURY**

I hereby affirm and declare under penalty of perjury that I have read and understand the contents of this Opt-Out Form and the Class Notice, the statements made in this Opt-Out Form are true and correct, and I am over the age of eighteen (18) and am of sound mind. I UNDERSTAND THAT BY SIGNING THIS OPT-OUT FORM I WILL NOT BE ENTITLED TO THE BENEFITS OF THE SETTLEMENT AGREEMENT.

\_\_\_\_\_  
Signature Type or print name Date