

**CLAIM FORM**  
**DEADLINE - June 4, 2026**

TO MAKE A TIMELY CLAIM FILING, YOU MUST:

- 1) COMPLETE THE CLAIM FORM AND SIGN THE FOLLOWING PAGE, AND
- 2) RETURN BOTH PAGES OF THIS FORM BEFORE JUNE 4, 2026 BY MAIL OR E-MAIL AS FOLLOWS:

For mail, return the Claim Form to the following address:

Baer v. Shannondell Settlement  
c/o Claims Administrator  
P.O. Box 16  
West Point, PA 19486

For e-mail, attach a pdf or photo of the completed Claim Form to the following e-mail address:  
questions@shannondellclassaction.com

**Section I: CONTACT INFORMATION**

*Please print all information legibly in the space provided.*

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section II: REPRESENTATION AND RELEASE**

**REPRESENTATIONS:**

If this Claim concerns the Entrance Fee of a deceased former resident(s) at Shannondell at Valley Forge, I represent that:

- (1) if the decedent had a will that was admitted to probate, I am the executor or am acting on behalf of the executor; or
- (2) If the decedent died without a will, and letters of administration were taken out, I was the administrator, or am acting on behalf of the administrator; or
- (3) If the decedent died without a will and no formal proceedings were filed, I am an heir of the deceased person or am acting on behalf of an heir.

I am submitting this claim on behalf of all individuals entitled to a portion of the deceased person's distribution from the Settlement Payment, and I agree to be responsible for paying the Settlement Payment to the people entitled to it. I further agree to indemnify, defend and hold the Class, the Class Representative, Class Counsel, the Claims Administrator, the Defendants, and Defendants' Counsel harmless for any improper payment of the settlement amount paid to me on behalf of the Class Member I am representing.

**UNDERSTANDING:**

I understand that no representation is made regarding the tax consequence, if any, of the Settlement Payment. I understand I will not receive interest on the Settlement Payment. I understand that the Settlement Payment I receive on behalf of the Class Member I represent will be governed by the Parties' Agreement and as further approved by the Court in accordance with Pennsylvania law.

**This Claim Form is submitted under the terms of a Court Order approving settlement in this case.**

By signing below, I declare that this claim is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your relationship to the deceased person  
(child, grandchild, sibling, executor, administrator, etc.)

**THIS FORM MUST BE RETURNED BY JUNE 4, 2026**

If you are unsure or have any questions, contact: [questions@shannondellclassaction.com](mailto:questions@shannondellclassaction.com) or (833) 215-9289