

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT WETLANDS REAL PROPERTY CLAIM FORM (WHITE FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT WETLANDS REAL PROPERTY CLAIM FORM (WHITE FORM)

To make a **Wetlands Real Property Claim** under the Deepwater Horizon Economic and Property Damages Settlement Agreement (the "Settlement") for damages arising from the Deepwater Horizon Incident on April 20, 2010, (the "Spill"), you must complete and submit this Claim Form and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before June 8, 2015.

The **Wetlands Real Property Claim** is for individuals or businesses that, at any time between April 20, 2010, to April 18, 2012, owned a Parcel located in the Wetlands Real Property Claim Zone. Such Parcel owners can also use this Claim Form to make claims for the cost to repair or replace their Real or Personal Property located on their wetlands property that was physically damaged as a result of certain Spill response cleanup operations or the Spill itself, with the exception of any physical damage caused by the intrusion of oil, dispersant, or other substances onto their wetlands Parcel.

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Wetlands Real Property Claim Form (White Form)," which contains detailed instructions for completing and submitting this Claim Form, helpful definitions, and the list of Supporting Documentation required to prove your claim.

If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Claim Form online, rather than on this paper Claim Form. The online claim process will guide you through only the specific questions you need to answer and will instruct you about the specific Supporting Documentation you must submit, based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit your claim online.

If you do not have access to the internet, you can visit a Claimant Assistance Center for assistance with submitting a claim in person. Section 6 of the Wetlands Real Property Instructions Booklet lists all the Claimant Assistance Centers.

A. Claimant Information

Provide the following information about yourself or your business that owns a wetlands Parcel(s).

1. Name of Natural Person or Business:	<small>Last Name or Full Name of Business</small>	<small>First Name</small>	<small>Middle Initial</small>
2. Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	<small>SSN or TIN</small> _ _ _ _ - _ _ _ - _ _ _ _ _ _ _ _ _ _ <small>EIN</small> _ _ _ _ - _ _ _ _ _ _ _ _ _ _		
3. Claimant Number: If you previously filed a claim with the Gulf Coast Claims Facility ("GCCF"), you will keep that same seven-digit Claimant Number in the Deepwater Horizon Settlement Program. Check the box at the right called "GCCF Claimant Number" and provide that seven-digit Claimant Number. If you did not file a claim with the GCCF, you will receive a new Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program. If you have already received your new Settlement Program Claimant Number, check the box called "Deepwater Horizon Settlement Program Claimant Number" and provide that nine-digit Claimant Number. If you do not yet have a Claimant Number, leave this question blank.		<input type="checkbox"/> GCCF Claimant Number: _ _ _ _ _ _ _ _ _ _ OR <input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number: _ _ _ _ _ _ _ _ _ _	

B. Information Required for a Wetlands Real Property Claim

If you are making a Wetlands Real Property Claim for more than one Parcel, photocopy this section of the Claim Form before completing it and attach the copy to the Claim Form for submission. Make one copy for each additional Parcel.

1. Did you own an Eligible Parcel within the Wetlands Real Property Claim Zone between April 20, 2010, and April 18, 2012? To determine if your Parcel is an Eligible Parcel located in the Wetlands Real Property Claim Zone, see Section 3 of the Wetlands Real Property Instructions Booklet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you checked "Yes" for Question 1, continue.

If you checked "No" for Question 1, stop filling out this Claim Form. If you disagree with the Wetlands Real Property Claim Zone Map and think your Parcel should be included as an Eligible Parcel on the map, you may request for a review of the eligibility designation of your Parcel. To request a review of the eligibility designation, detach and fill out the two-page Wetlands Real Property Parcel Eligibility Request Form attached to the end of this Claim Form and submit it with the required documentation to support your request for a review of the eligibility designation. If your Parcel is added to the Wetlands Real Property Claim Zone after the eligibility review, you will be notified to submit a Wetlands Real Property Claim Form.

2. Provide the address of your Parcel:

Street		
City	State	Zip Code
Parish/County		

Other Description:

3. Provide the tax assessment identification number for your Parcel:	
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4. Provide the Parcel identification number:	
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5. Provide the dates when you owned the Parcel:	<div style="text-align: center;"> ____/____/____ to ____/____/____ <small>(Month/Day/Year) (Month/Day/Year)</small> </div> <input type="checkbox"/> Check here if you currently own the Parcel
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6. If you own(ed) the Parcel, did you own it with another person other than your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. If you checked "Yes" for Question 6, provide:

(a)	Your percentage of ownership:	_____ %
(b)	The full name(s) and ownership percentage of all co-owners of the Parcel, to the best of your ability:	

<p>8. Did ownership of the Parcel change during the period April 20, 2010, to April 18, 2012?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If "Yes," provide the sale or transfer date:</p> <p style="text-align: center;">____/____/____ (Month/Day/Year)</p>
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9. If you checked "Yes" for Question 8, list any other known owners for the time period April 20, 2010, to April 18, 2012, to the best of your ability.

<p>10. Are you claiming that physical damage occurred to Real or Personal Property on the Parcel as a result of the Spill or Spill response cleanup operations? Refer to Section 2 of the Wetlands Real Property Instructions Booklet for examples of physical damage. If you are claiming that your Vessel/Boat was damaged by the Spill or cleanup response operations, check "No" and submit a Vessel Physical Damage Claim Form (Black Form).</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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If you checked "Yes" for Question 10, continue.

If you checked "No" for Question 10, go to Section C.

<p>(a) Was the physical damage to your Real or Personal Property caused by the Spill or Spill response cleanup operations, including Vessels of Opportunity ("VoO")?</p>	<p><input type="checkbox"/> Spill</p> <p><input type="checkbox"/> Spill Response Cleanup Operations</p>
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<p>(b) If the physical damage to your Real or Personal Property was caused by Spill response cleanup operations, were those operations consistent with the National Contingency Plan, which can include VoO or operations specifically ordered by the Federal On-Scene Coordinator (FOSC) or his or her delegate?</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p>
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<p>11. Did you own the Real or Personal Property located on the Parcel at the time it was physically damaged?</p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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If you checked "Yes" to Question 11, continue.

If you checked "No" to Question 11, go to Section C.

12. To the best of your ability, provide the following information about the Real or Personal Property that was physically damaged:
- (a) the type of Real or Personal Property that was physically damaged;
 - (b) if Personal Property was physically damaged, the location of that Personal Property on your Parcel when the damage occurred;
 - (c) if Real Property was physically damaged, the location of the damage on the Parcel;
 - (d) a description of the physical damage to your Real or Personal Property;
 - (e) how the physical damage occurred; and
 - (f) what or who caused the physical damage.

13. For any Real or Personal Property listed in Question 12, describe the condition of your Real or Personal Property before the physical damage occurred.

14. Did you repair the physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 14, provide:

- (a) the name, address, and telephone number of the individual or business that repaired your damaged Real or Personal Property;
- (b) the cost to repair your damaged Real or Personal Property; and
- (c) a description of the repairs made to your Real or Personal Property.

15. Did you replace the physically damaged Real or Personal Property?

Yes No

If you checked "Yes" for Question 15:

- (a) Explain why your physically damaged Real or Personal Property had to be replaced, rather than repaired:

(b) Provide:

- (1) the name, address and telephone number of the individual or business from which you obtained the replacement Real or Personal Property;**
- (2) the cost of the replacement Real or Personal Property;**
- (3) the date when the replacement was made; and**
- (4) a description of the replacement Real or Personal Property.**

If you checked "Yes" for either Question 14 or 15, go to Section C. If you checked "No" for *both* Questions 14 and 15, continue.

16. Do you plan to repair your physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 16, provide:

- (a) the name, address, and telephone number of the individual or business that has provided the estimate for future repairs;
- (b) the estimate of the future cost to repair; and
- (c) a description of the planned repairs.

17. Do you plan to replace your physically damaged Real or Personal Property?

Yes

No

If you checked "Yes" for Question 17:

- (a) Explain why your physically damaged Real or Personal Property must be replaced, rather than repaired:

(b) Provide:

- (1) the name, address and telephone number of the individual or business from which you plan to obtain the replacement Real or Personal Property;**
- (2) the estimated cost of the replacement Real or Personal Property; and**
- (3) a description of the replacement Real or Personal Property.**

C. Claimant Verification Statement

I owned, either wholly or partly, the Parcel described in this Claim Form and in the Supporting Documentation I am submitting with this Wetlands Real Property Claim. I certify that I wholly or partially owned that Parcel during the period April 20, 2010, to April 18, 2012.

By signing the Claim Form, I declare and affirm under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct.

D. Documentation Required for a Wetlands Real Property Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Wetlands Real Property Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Wetlands Real Property Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

E. Federal and State Regulatory Requirements

Nothing in the Settlement's **Compensation Framework for Wetlands Real Property Claims** shall alter, expand, or reduce BP's obligations for cleanup, removal, spill response and remediation of real property under applicable federal, state, or local laws, regulations, orders, or agreements. By signing this Claim Form, I acknowledge that any right to require any cleanup or remediation of the parcel shall not lie with me, but solely with governmental authorities, and that the need for any cleanup or remediation, and the standards by which the need for or sufficiency of such remediation is decided, shall be determined by governmental regulators of the executive department in accordance with properly promulgated law, rules, regulations, orders or agreements. Such governmental regulators alone shall make such determinations, and I agree not to employ regulatory proceedings as a means to seek the redress of claims, which are extinguished pursuant to this Settlement. It is expressly agreed that this acknowledgement of continued potential responsibility for governmental compliance on the part of the BP (and all other parties released) shall not grant me any personal jurisdiction recourse with respect to the regulatory obligations of the released parties. In the event proceedings, formal or informal, occur before governmental authorities, I agree to cooperate fully with the released parties in addressing questions or concerns presented by such proceedings; I agree to provide full and free access to the Eligible Parcel in connection therewith, and will further cooperate with the released parties in undertaking and proposing by the released parties such remediation that the released parties deem most appropriate, desirable, and/or cost-effective in meeting regulatory requirements, irrespective of any personal claims, preferences, rights of use or similar considerations by me, it being understood that such personal claims and considerations fall within the scope of the claims released by me under the Settlement.

F. Payment

1. If You Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. If You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. Garnishments, Liens, and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. W-9 Form Requirement. All claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

G. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature:			Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last	
Title, if a business:				

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.

THE DEEPWATER HORIZON ECONOMIC AND PROPERTY DAMAGES SETTLEMENT WETLANDS REAL PROPERTY PARCEL ELIGIBILITY REQUEST FORM

If you disagree with the Wetlands Real Property Claim Zone Map and think your Parcel should be included as an Eligible Parcel on the Map, detach and submit this Parcel Eligibility Request Form instead of the Claim Form. Refer to Section 5 of the Wetlands Real Property Instructions Booklet for detailed instructions about how to complete and submit this Parcel Eligibility Request Form. **DO NOT COMPLETE THIS PARCEL ELIGIBILITY REQUEST FORM IF YOU ARE NOT REQUESTING A REVIEW OF THE DESIGNATION OF YOUR PARCEL.**

A. Reason for Requesting a Review of Your Parcel's Eligibility Designation

Check the box next to the reason you are requesting a review of your Parcel's designation:

- My Parcel is within the Wetlands Real Property Claim Zone but is not properly identified as a Parcel on the Wetlands Real Property Claim Zone Map;
- My Parcel was oiled and should be added to the Wetlands Real Property Claim Zone Map.

B. Claimant Information

1. Name of Natural Person or Business:	Last Name or Full Name of Business	First Name	Middle Initial				
2. Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or TIN						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;"> _ _ _ </td> <td style="border: 1px solid black; width: 25%; text-align: center;">- _ _ _ </td> <td style="border: 1px solid black; width: 25%; text-align: center;">- _ _ _ _ _ </td> <td style="border: 1px solid black; width: 25%;"></td> </tr> </table>			_ _ _	- _ _ _	- _ _ _ _ _	
_ _ _	- _ _ _	- _ _ _ _ _					
3. Claimant Number: If you previously filed a claim with the Gulf Coast Claims Facility ("GCCF"), you will keep that same seven-digit Claimant Number in the Deepwater Horizon Settlement Program. Check the box at the right called "GCCF Claimant Number" and provide that seven-digit Claimant Number. If you did not file a claim with the GCCF, you will receive a new Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program. If you have already received your new Settlement Program Claimant Number, check the box called "Deepwater Horizon Settlement Program Claimant Number" and provide that nine-digit Claimant Number. If you do not yet have a Claimant Number, leave this question blank.	EIN						
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_ _ _	- _ _ _	_ _ _ _ _					
	<input type="checkbox"/> GCCF Claimant Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;"> _ _ _ _ _ </td> <td style="border: 1px solid black; width: 25%;"></td> <td style="border: 1px solid black; width: 25%;"></td> <td style="border: 1px solid black; width: 25%;"></td> </tr> </table>			_ _ _ _ _			
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	OR <input type="checkbox"/> Deepwater Horizon Settlement Program Claimant Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;"> _ _ _ _ _ _ _ </td> <td style="border: 1px solid black; width: 25%;"></td> <td style="border: 1px solid black; width: 25%;"></td> <td style="border: 1px solid black; width: 25%;"></td> </tr> </table>			_ _ _ _ _ _ _			
_ _ _ _ _ _ _							

C. Parcel Information

1. Provide the address of your wetlands Parcel:

Street	Unit	
City	State	Zip Code
Parish/County		

Other Description:

2. Provide the tax assessment identification number for your Parcel:

3. Provide the Parcel identification number:

D. Documentation Required for a Parcel Designation Eligibility Review

You must submit certain documentation to support your request for a review of your Parcel's designation within the Wetlands Real Property Claim Zone. Refer to Section 5 of the Wetlands Real Property Instructions Booklet for a description of the Supporting Documentation you must submit along with this Parcel Eligibility Request Form.

E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Parcel Eligibility Request Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Parcel Eligibility Request Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Parcel Eligibility Request Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature:				Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last		
Title, if a business:					

The claimant must sign this Parcel Eligibility Request Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.

If you are not requesting a review of the Wetlands Real Property Claim Zone Map's designation of your Parcel, do NOT sign this page. If you answered "Yes" to Question B.1 in the Wetlands Real Property Claim Form and are submitting a Wetlands Real Property Claim, make sure to complete and sign the Signature section on page 10 of the Claim Form. If you sign here instead, the Claims Administrator will treat your signature as binding for the claim you file.