

Seaton v. St. Stephen's Cemetery Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



STTH

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«ADDRESS LINE 2»

«ADDRESS LINE 1»

«CITY», «STATE»«PROVINCE» «POSTALCODE» «COUNTRY»

TINA SEATON, ET AL. V.
ST. STEPHEN'S CEMETERY ASSOCIATION, ET AL.

JEFFERSON CIRCUIT COURT

Case No. 17-CI-1663

Claim ID: <<Claim8>>

PIN: <<PIN>>

Claim Form

I. CLAIMANT INFORMATION:

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address

Primary Address Continued

City

State

ZIP Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Email Address

Area Code

Telephone Number (Cell)

Area Code

Telephone Number (Home)

Social Security Number

or

Taxpayer Identification Number

You must complete this Claim Form to be eligible to receive benefits under the Settlement Agreement. You must also sign this Claim Form where indicated and mail it to the address listed below. The claim deadline will be determined at the fairness hearing held on March 24, 2025 at 1:30 p.m. You may also submit a Claim Form online at www.kycemeterysettlement.com. Claim Forms that are postmarked or submitted online after that date will not be accepted.

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II. CLAIM INFORMATION

You may submit claims for multiple graves. Claim Forms that are postmarked or submitted online after the date determined at the fairness hearing will not be accepted. Please only list graves for which:

- A) You purchased any interment rights (plots), goods or services at St. Stephen's during Class Period (Jan. 1, 1992 through Feb. 24, 2017); or
- B) You are next of kin of a loved one at St. Stephen's during the Class Period (Jan. 1, 1992 through Feb. 24, 2017); or
- C) You are the Authorized Representative of a Deceased Person who would qualify under Categories (A) or (B) above.

Please note that missing information will not necessarily disqualify your Claim.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Claim for Grave 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
(If applicable) First name of person buried in grave	M.I.	Last Name
Are you the owner of the grave space? <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>		
Location of grave (Section or Garden/Lot No./Grave Space)		
Are you submitting this claim as an Authorized Representative of a Deceased Person in connection with this grave space? If yes, please answer the next two questions. <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Deceased Person you are representing	M.I.	Last Name
<input type="text"/>		
Your Relationship to Deceased Person		

Claim for Grave 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
(If applicable) First name of person buried in grave	M.I.	Last Name
Are you the owner of the grave space? <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>		
Location of grave (Section or Garden/Lot No./Grave Space)		
Are you submitting this claim as an Authorized Representative of a Deceased Person in connection with this grave space? If yes, please answer the next two questions. <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Deceased Person you are representing	M.I.	Last Name
<input type="text"/>		
Your Relationship to Deceased Person		

Claim for Grave 3:

<input type="text"/>	<input type="text"/>	<input type="text"/>
(If applicable) First name of person buried in grave	M.I.	Last Name
Are you the owner of the grave space? <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>		
Location of grave (Section or Garden/Lot No./Grave Space)		
Are you submitting this claim as an Authorized Representative of a Deceased Person in connection with this grave space? If yes, please answer the next two questions. <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Deceased Person you are representing	M.I.	Last Name
<input type="text"/>		
Your Relationship to Deceased Person		

If you have documentation supporting your claim (such as a copy of your Purchase Contract with St. Stephen's, the Interment Order Authorization form, or any other documents listing the location of the grave), please attach such copies with your claim. If you are submitting claims for more than three graves, please include the requested information on a separate page.



III: Authorized Representative Only

(If you are submitting a claim as an Authorized Representative of a Deceased Person, please complete and sign the declaration below.)

I declare under penalty of perjury that the Deceased, _____, died on _____ in the county and state of _____, and that 1) no proceeding is now pending in Kentucky for administration of the decedent’s estate; 2) the affiant or declarant is the decedent’s successor in interest and succeeds to the decedent’s interest in the action or proceeding, OR the affiant or declarant is authorized to act on behalf of the decedent’s successor in interest with respect to the decedent’s interest in the action or proceeding; 3) no other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding; and 4) the affiant or declarant affirms or declares under penalty of perjury under the laws of the State of Kentucky that the foregoing is true and correct.

Signature: _____

Dated (mm/dd/yyyy): _____

IV. Certification (All claimants must sign)

I hereby certify that:

- A) I purchased interment rights (plots), goods or services at St. Stephen’s during the Class Period (Jan. 1, 1992 through Feb. 24, 2017); or
- B) I am next of kin to a loved one at St. Stephen’s during the Class Period (Jan. 1, 1992 through Feb. 24, 2017); or
- C) I am the Authorized Representative of a Deceased Person who would qualify under Categories (A) or (B) above.

Signature: _____

Dated (mm/dd/yyyy): _____

V. Claim Form Filing

You may file your Claim online at www.kycemeterysettlement.com or by mailing your completed Claim Form to the following address:

Seaton v. St. Stephen’s Cemetery Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132

If you move or change your mailing address, it is your responsibility to send the Settlement Administrator your new address and contact information to ensure receipt of further notices and any settlement payment. If you have any questions or need assistance, you may contact the Settlement Administrator at 1-877-606-7519.



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