

**Filing your  
PROOF OF CLAIM  
for the  
2005 Murphy Incident**

**In order to obtain benefits under this Agreement, each Class Member must timely complete a Proof of Claim form that is included with the mailing of this Notice. All Proof of Claim forms must be received by the Claims Center or postmarked by January 31, 2007. Those Class Members who do not timely file a proof of claim are not entitled to participate in any settlement affecting the Class Plaintiffs and will lose their rights.**

You may file your PROOF OF CLAIM with the Claims Center in one of two ways:

1. **In Person** by visiting the Claims Center located in Chalmette at 2626 Charles Drive, Chalmette, Louisiana, 70043, or
2. **Via First Class Mail** to: Claims Center, c/o 2005 Murphy Incident, 2626 Charles Drive, Suite 206, Chalmette, Louisiana 70043.
3. Questions with regard to completing your PROOF OF CLAIM or other inquiries you may have concerning the 2005 Murphy Incident should telephone the Plaintiffs' Steering Committee ("PSC") at 504-279-0816 or you may telephone the Claims Center at 504-304-6613, 504-304-6611 or toll free at 1-888-367-5416. Calls will be handled in the order received during regular operating hours from 9:00 a.m. through 5:00 p.m., Monday through Friday. For assistance in completing the form or legal advice, please contact your attorney or any one of the court approved PSC attorneys who will be present at the Claims Center to answer your questions.



**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA**

Patrick Joseph Turner, et al.  
Versus  
Murphy Oil USA, Inc.  
No. 05-4206

**PROOF OF CLAIM**

**2005 MURPHY INCIDENT FORM**

Note: A SEPARATE CLAIM FORM MUST BE COMPLETED FOR EACH INDIVIDUAL CLAIM

Physical Address of the property affected by the Murphy incident:

[Redacted address line]

Municipal No. Street, Road, Route, etc. Apartment, Lot, Suite

[Redacted address line]

City State Zip Code

This claim form is for:

Residential Properties  
Commercial Property

[Redacted box]

**Have you opted out of this lawsuit?**  
(Circle one)

YES  NO

**Have you settled with Murphy Oil USA?**  
(Circle one)

YES  NO

**INDIVIDUAL INFORMATION**

1. Claimant Name:

First	Middle	Last	Suffix

2. Other Name Used:

First	Middle	Last	Suffix

3. Claimant Social Security No

		-			-		
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4. Driver's License No.  
(Attach a copy)

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State:

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5. Date of Birth:

		/			/		
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6. Current Mailing Address

Municipal No.	Street, Road, Route, etc.	Apartment, Lot, Suite	

City	State	Zip Code	

7.

Home Telephone No.:

		-			-		
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Work Telephone No.:

		-			-		
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Mobile Telephone No.:

		-			-		
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Email Address:

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8. Is this form being completed on someone else's behalf?

(Circle one)

YES	NO
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9. If "Yes", what is your relationship to the claimant?

[Redacted]

Representative's Name:

[Redacted]	[Redacted]	[Redacted]	[Redacted]
First	Middle	Last	Suffix

Current Mailing Address:

[Redacted]	[Redacted]	[Redacted]
Municipal No.	Street, Road, Route, etc.	Apartment, Lot, Suite
[Redacted]	[Redacted]	[Redacted]
City	State	Zip Code

Home Telephone No.:

[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Work Telephone No.:

Mobile Telephone No.:

Email Address:

[Redacted]

10. Are you completing this Proof of Claim for a **deceased person**?  
(Circle one)  YES  NO

If "Yes", indicate **your** capacity for Representation:  
(Circle one)

<input type="checkbox"/> Heir	<input type="checkbox"/> Executor	<input type="checkbox"/> Executrix	<input type="checkbox"/> Other
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Please provide the date of death of deceased:

[Redacted] / [Redacted] / [Redacted]

(Attach death certificate)

Has a succession been opened for the deceased?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(Circle One)

If "Yes", please identify the caption of the lawsuit with the Civil Action Number and the Parish/County where it was filed.

[Redacted]

11. Have you signed a contract or other agreement with an attorney for this claim?

Yes	No
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(Circle one)

(a) If "Yes", please state the name of your attorney

\_\_\_\_\_

12. Did you own land or buildings at this address inside the Court's designated zone?

(Circle one) 

YES	NO
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13. If "Yes", please fill out **Schedule A** for each and every property you lived in, owned or rented in the zone.

If "No", please complete questions 14, 15 and 16, You do not need to complete Schedule A or Schedule B.

14. If you rented at this address, please provide the name and last known address of the owner of the property:

First	Middle	Last	Suffix
Or Name of Corporation		Current telephone number	
Municipal No.	Street, Road, Route, etc. Apartment, Lot, Suite		
City	State	Zip Code	

15. List all minor occupants (persons under age 18) of the dwelling on September 3, 2005 and their relationship to you:

First	Middle	Last	Suffix
Relationship	Age	Social Security Number	

First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	

16. List all other occupants of the dwelling on September 3, 2005 who will file their own claim:

First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	

## 2005 MURPHY INCIDENT INFORMATION FORM

### Schedule A - CLAIM FOR REAL PROPERTY DAMAGE

1. Do you own this property?

(Circle one)

Yes      No

Please provide the estimated square footage living area of the structure: \_\_\_\_\_ square feet.

Please attach a copy of your Act of Sale, mortgage, or other documents which show ownership.

Mortgage Holder (Other Lien Holder): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (Buy Out Only)

Has ownership changed since September 3, 2005:

(Circle one)

Yes      No

Purchaser: \_\_\_\_\_

2. Date moved to this address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. If there is more than one owner of the property listed above (i.e. a spouse or other family member), please list all owners of the property at September 3, 2005:

First	Middle	Last	Suffix

4. List all minor occupants (persons under age 18) of the dwelling on September 3, 2005 and their relationship to you:

First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	



5. List all other occupants of the dwelling on September 3, 2005 who will file their own claim:

First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	
First	Middle	Last	Suffix
Relationship	Age	Social Security Number	

6. Are you aware of any liens, encumbrances, second mortgages or home equity lines of credit on your property?  
 (Circle one)

(Buy Out Only)       YES       NO

Mortgage Holder (Other Lien Holder): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (Buy Out Only)

7. If "Yes", please identify the entity that has filed the lien or encumbrance on your property.

First	Middle	Last	Suffix
Or Name of Corporation			
Municipal No.	Street, Road, Route, etc. Apartment, Lot, Suite		
City	State	Zip Code	
Home Telephone No.:	-		
Work Telephone No.:	-		
Mobile Telephone No.:	-		

## 2005 MURPHY INCIDENT INFORMATION FORM

### Schedule B - COMMERCIAL/RENTAL PROPERTY CLAIM

1. Name of Business on September 3, 2005:

Telephone Number:

Has ownership changed since the storm:

(Circle one)

YES

NO

Purchaser:

2. Federal Tax Number.

(If you do not have a Federal I.D. number, list your social security number)

3. (a) Describe the nature of your business:

(b) How long have you operated your business at this location:

4. Is your business a: (Circle One)

Sole  
Proprietorship

Partnership

Corporation

Other

5. If, at the time of the incident, there is more than one owner of the business listed above, please list all owners of the business:

First	Middle	Last	Suffix
First	Middle	Last	Suffix
First	Middle	Last	Suffix
First	Middle	Last	Suffix
First	Middle	Last	Suffix
First	Middle	Last	Suffix
First	Middle	Last	Suffix

6. Please identify the owner or representative from this business whom we can contact on this claim.

Owner or Representative's Name:

First	Middle	Last	Suffix
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City	State	Zip Code
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Work Telephone No.:

Mobile Telephone No.:

-	-	-	-	-	-	-	-	-	-
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7. Are you aware of any liens, encumbrances, second mortgages or home equity lines of credit on your property?

(Circle one)

(Buy Out Only)

YES	NO
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Mortgage Holder (Other Lien Holder):

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Amount: \$ \_\_\_\_\_ (Buy Out Only)

8. If "Yes", please identify the entity that has filed the lien or encumbrance on your property

First	Middle	Last	Suffix
Or name of Corporation			
Municipal No.	Street, Road, Route, etc. Apartment, Lot, Suite		
City	State	Zip Code	

Home Telephone No.:

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Work Telephone No.:

Mobile Telephone No.:

A F F I D A V I T

STATE OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared:

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who, after being duly sworn and advised under penalty of perjury, did depose and say:

That he/she is a person of the full age of majority; that the above and foregoing PROOF OF CLAIM has been completed by him/her voluntarily, and that he/she has completed the foregoing PROOF OF CLAIM as his/her own free act and deed, and that he/she represents that all information provided is accurate and true to the best of his/her knowledge in the presence of the witnesses whose names appear below.

SWORN TO AND SUBSCRIBED \_\_\_\_\_

Claimant

BEFORE ME THIS \_\_\_ DAY

OF \_\_\_\_\_, 200\_\_.

NOTARY PUBLIC

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

Witness \_\_\_\_\_

Notarial Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Print Name \_\_\_\_\_

State: \_\_\_\_\_

Address \_\_\_\_\_

County/Parish: \_\_\_\_\_