

# Forestex Hardboard Siding Settlement Claim Packet

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## Questions?

Phone: 1-800-427-2763 (8:00 a.m. — 4:00 p.m. Pacific Time)

Website: <http://www.forestexclaims.com>

Mail: Forestex Siding Class Action Settlement  
PO Box 1371  
Minneapolis, MN 55440-1371

## GENERAL INSTRUCTIONS

1. Under the terms of the Class Action Settlement, you must properly complete this Claim Form to recover compensation. All persons with an ownership interest in the Building must complete and sign this form.
2. You may submit a claim only if (a) you own a Building on which Forestex® Siding is Damaged or (b) you are a former owner of a Building who has retained the right to pursue a claim for Damaged Forestex® Siding. The terms "Building" and "Damage" are defined below.
3. Please type or clearly print all responses in black ink. All questions must be answered completely. If a question does not apply, please indicate "n/a." If your Claim Form is not properly completed, processing will be delayed.
4. All Claimants must complete parts I through V of this form, plus the Tax Information form at the back of this packet.

If you are filing only for damage to Siding that is still installed on the building and is still exposed, you do not need to complete the Supplemental Claim for Un-Reimbursed Expenses (Parts VI through VIII).

If you have repaired, replaced, or covered some of your Siding, you must complete both the basic claim form and the Supplemental Claim for Un-Reimbursed Expenses (Parts I through VIII).

Forward the claim form and required attachments to:

**Forestex Siding Class Action Settlement**  
**PO Box 1371**  
**Minneapolis, MN 55440-1371**

There are two different types of damages you can submit a claim for. One is un-reimbursed expenses, to recover money you already paid to repair or replace your Siding. **A claim for un-reimbursed expenses must be postmarked by May 15, 2006.** The other type of damage you can submit a claim for is for current damage on your Siding. **A claim for current damage must be postmarked by November 12, 2011.** Follow the instructions in this claim form regarding which items to complete for which type of claim.

All materials submitted become property of the Court and will not be returned.

## DEFINITIONS

1. "Forestex®" or "Siding" means any Series 400 or 500 hardboard lap or panel siding or trim manufactured by Stimson Lumber Company and installed and incorporated since January 1, 1985 into the exterior envelope of a Building in the states of Washington, Oregon, California, Colorado, Hawaii, Idaho and Utah.
2. "Damage" includes a determination by an independent inspector of the following:
  - (a) thickness swell exceeding 18% of the average manufactured thickness of the board;
  - (b) edge-checking wherein a gauge can be inserted 1/2" into the board;
  - (c) delamination or deconstruction of the board;
  - (d) fungal degradation which results in soft board in which moderate thumb pressure deforms or punches a hole in the board;
  - (e) buckling or warping of the siding exceeding 1/4" between studs placed and nailed at not more than 18" on center;
  - (f) wax bleed or raised or popped fibers on 25% or more of the surface area of the board;
  - (g) delaminated or cracked primer or peeling primer or blistering primer; or
  - (h) surface wetting or swelling around nailheads.

Damage does not include: (i) intentional, reckless or negligent damage to Siding (unrelated to installation or maintenance) or (ii) damage to siding to the extent resulting from natural disaster including, but not limited to, fire, hurricane, flood, earthquake, earth movement or other similar events.

3. "Building" means any building or structure into which Forestex® Siding was installed and incorporated on the outside of such building since January 1, 1985 in the States of Washington, Oregon, California, Colorado, Hawaii, Idaho and Utah.
4. "Claimant" means the owner(s) or, in certain circumstances, the former owner(s) of a Building.

**QUESTIONS? CALL 1-800-427-2763**

# FORESTEX<sup>®</sup> SIDING CLAIM FORM

## PART I: CLAIMANT INFORMATION

1. All Claimants must be listed. If necessary, attach a separate sheet to list additional Claimants, indicating their full names and Social Security/ Employer Identification Numbers.

If Claimant is other than an individual, provide name, legal capacity, and mailing address of person(s) completing this form.

Name of Claimant(s):

A. \_\_\_\_\_  
Last First MI

B. \_\_\_\_\_  
Last First MI

C. \_\_\_\_\_  
Last First MI

2. If a Claim Filing Service or other third party is assisting you in preparing this claim, please provide their contact information.

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

Street \_\_\_\_\_

City State Zip Code

Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Claimant's mailing address (if different than property address):

Street \_\_\_\_\_

City County

State Zip Code

4. Claimant's telephone number(s):

Day: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. When is the best time to call to schedule an inspection?

Morning  Afternoon  Evening

## PART II: PROPERTY INFORMATION

1. Physical or street address of the property for which you are claiming:

Do not provide a post office box.

Street \_\_\_\_\_

City County

State Zip Code

2. Current resident's name(s) and telephone number(s) if different from Claimant's:

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

Day: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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3. Check box that describes property for which you are making a claim:

- a. Single-family residence
- b. Mobile or manufactured home  
(Serial No. \_\_\_\_\_)
- c. Condominium or townhouse  
(If yes, complete question 4)  
Number of buildings: \_\_\_\_\_  
Units per building: \_\_\_\_\_
- d. Apartment complex  
Number of buildings: \_\_\_\_\_  
Units per building: \_\_\_\_\_
- e. Commercial: (\_\_\_\_\_)
- f. Other: (\_\_\_\_\_)

4a. Is a homeowners' association or condominium association responsible for the maintenance of the exterior of the Building?

- Yes       No

b. Does a homeowners' association or condominium association own the exterior of the Building?

- Yes       No

c. If you answered "Yes" to either question 4a. or 4b. provide the name, address, and contact information for the homeowners' association or condominium association:

Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Are there any detached buildings or garages with Forestex® Siding on the property?

- Yes       No

6. Are there any dogs on the property where the Building is located?

- Yes       No

7. Are there any locked gates on the property where the Building is located?

- Yes       No

8. Date the Forestex® Siding was installed on Building:

\_\_\_\_ / \_\_\_\_  
Month      Year

9. Please check the box that describes this claim:

"Un-reimbursed expenses" refer to damage you have already paid to repair, replace, or cover. "Current damage" refers to Siding still installed and visible.

If you are filing a claim for un-reimbursed expenses, but still have undamaged Siding installed and visible, check box b to preserve your right to file a current damage claim later. You have until November 12, 2011 to file your current damage claim.

- a. Current damage only
- b. Un-reimbursed expenses only
- c. Both current damages and un-reimbursed expenses

**If you check b or c, you must also complete the Supplemental Claim Form for Un-Reimbursed Expenses (Part VI through VIII of this claim form). Un-reimbursed expense claims must be postmarked by May 15, 2006.**

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## PART III: PROOF OF ELIGIBILITY

1. Ownership status of Claimant:

(You are the former owner only if you sold the property, but formally retained the right to seek reimbursement for repairs of the siding.)

Check only one box.

- Current owner       Former owner (with retained claim)

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### YOU MUST SUBMIT SUFFICIENT PROOF OF PROPERTY OWNERSHIP

2. Please indicate which of the following you are submitting with this Claim Form as proof you own (or formerly owned) the Building.

Your evidence must show your name and street address as it appears on the Claim Form.

- a. Copy of the Building tax bill
- b. Copy of the deed or bill of sale
- c. Copy of certificate of title or motor vehicle registration (mobile or manufactured homes only)
- d. Copy of deed of trust
- e. Copy of current mortgage or loan statement
- f. Current homeowner's insurance statement
- g. Proof of assignment of claim along with one of a. through e. above showing ownership

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### YOU MUST SUBMIT SUFFICIENT PROOF TO ESTABLISH THAT THE SIDING IS FORESTEX®

3. Please indicate which of the following you are submitting with this Claim Form as proof of Forestex® Siding.

If the property has multiple structures, you may submit one form of proof as a representative of the entire group of buildings.

- a. A prior communication from Stimson that confirms that the Siding on your Building is Forestex® hardboard siding
- b. A written warranty or manufacturer's or builder's specifications regarding the Building calling for the use of Forestex® hardboard siding, or a sworn statement from the builder establishing that the Building is sided with Forestex® hardboard siding
- c. Photographs showing each side of the Building claimed to have Forestex® hardboard siding sufficient to allow the Claims Administrator to verify that the Siding is Forestex® hardboard siding
- d. A 6" x 6" Siding sample from the Building and a sworn statement from you that the sample is from your Building (Enclose sample in a clear plastic bag)
- e. A photograph showing the Forestex® production identification stamp on the back of your Siding and a sworn statement from you that the photo is from the Siding on your Building
- f. A check or money order payable to the Forestex® Claims Administrator in the amount of \$100 to pay for the cost of an inspection to identify the Siding. This will be refunded to you if the Siding is determined to be Forestex® hardboard siding

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**PART IV: PRIOR WARRANTY OR FORESTEX® CUSTOMER SATISFACTION CLAIMS**

1. Have you made a prior warranty claim for Forestex® Siding? If you answer no, skip to question 3.  Yes  No

2. If you hired contractors to make repairs to the Building, or if contractors were sent by some other party (including the builder or manufacturer), describe all repair efforts, including location on Building and extent of repairs and provide dates of services (attach additional sheets if necessary).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Have you assigned any claim associated with your Forestex® Siding?  Yes  No

If yes, indicate to whom, when assigned, and compensation, if any you received.

Hiring a Claim Filing Service or third party to assist you in filing this claim does not constitute an assignment.

Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Compensation Received: \$ \_\_\_\_\_

**PART V: CERTIFICATION OF ACCURACY**

Claimant submits to the exclusive jurisdiction of the Superior Court of Washington in and for King County, for the purpose of investigation or discovery (if necessary) with respect to this claim and any suit, action, proceeding, or dispute arising out of or relating to the Settlement.

I certify that to the best of my knowledge, information, and belief, the information on this Claim Form (and any additional sheets) is true and correct. Signature is mandatory.

\_\_\_\_\_  
 Signature of Claimant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Co-Claimant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Co-Claimant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Claim Filing Service Agent

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date

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# FORESTEX® SIDING SUPPLEMENTAL CLAIM FOR UN-REIMBURSED EXPENSES

*This Supplemental Claim must be postmarked no later than May 15, 2006.*

## GENERAL INSTRUCTIONS

1. Under the terms of the Class Action Settlement, you must properly complete both the basic Claim Form and this Supplemental Un-Reimbursed Claim Form to recover compensation for un-reimbursed payments you made to repair or replace damaged Forestex® Siding. All Claimants must complete and sign this form.
2. You may submit a claim only if (a) you own a Building on which Forestex® Siding was Damaged or have an express assignment of claim from a former owner; or (b) you are a former owner of a Building who has not assigned the right to pursue a claim for Damaged Forestex® Siding and there were previous repairs or replacement of the Forestex® Siding. The terms "Building" and "Damage" are defined in the "Definitions" section at the front of this packet.
3. If your Building was repaired without cost to you, you cannot seek reimbursement. Compensation for un-reimbursed repairs is only available in connection with the failure of Siding installed and incorporated into the outside of your Building after January 1, 1985. A claim for un-reimbursed repairs may not be made for painting alone, but where Siding was repaired or replaced, the costs associated with painting the repaired or replaced Siding may be recovered.
4. Please type or clearly print all responses in black ink. All questions must be answered completely. If a question does not apply, please indicate "n/a." If your Supplemental Claim Form for Un-Reimbursed Expenses is not properly completed, processing will be delayed.
5. If you are a former owner, and you repaired the siding or replaced less than all of the siding, and you retained the right to seek reimbursement for those repairs or replacements, you must submit proof of that retention.
6. This Un-Reimbursed Claim Form, any attached sheets, and all supporting documents and photographs must be forwarded to the following address and postmarked no later than May 15, 2006:

Forestex Siding Class Action Settlement  
PO Box 1371  
Minneapolis, MN 55440-1371

All materials submitted become property of the Court and will not be returned.

## PART VI: UN-REIMBURSED REPAIR OR REPLACEMENT

1. Identify the person who performed each un-reimbursed repair or replacement, the date(s) such work was done, and describe the nature of the work done (attach additional sheets if necessary).
  - a. Builder or Contractor: \_\_\_\_\_
  - b. Date of repair or replacement (month/day/year):  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - c. Nature of repair or replacement:  
\_\_\_\_\_  
\_\_\_\_\_
2. Indicate (i) date of original installation and (ii) type of Damage experienced. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. As to each such repair or replacement, indicate:
  - a. Total number of boards or panels repaired or replaced: \_\_\_\_\_
  - b. Total surface area of boards/panels repaired or replaced: \_\_\_\_\_ square feet
4. If you are you the former owner (i.e. you selected "former owner" on Part III, question 1), did you retain the right to file a claim for un-reimbursed expenses?  
 Yes       No

If yes, you must include proof that you retained the claim when you submit this claim form.

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**YOU MUST SUBMIT SUFFICIENT PROOF OF ANY UN-REIMBURSED REPAIR.**

Please indicate which of the following you are submitting with this Un-Reimbursed Claim Form as proof of an un-reimbursed repair.

If the Siding for which you are making a claim is on multiple structures at the same property, you may submit one form of proof for the entire group of buildings.

Please provide as much information regarding the condition of the Siding and any Damage to it, including the extent thereof, at the time of the repair or replacement. You must provide sufficient proof for the Claims Administrator to determine whether the Siding replaced would have qualified as "Damaged" under the settlement.

- Photographs, videos or inspection reports showing damaged Forestex® Siding before or during removal/replacement
- Samples or remnants of Forestex® Siding, including Damaged pieces if possible
- Contracts, bills or invoices reflecting repairs to Forestex® Siding
- A sworn affidavit of a third party in the business of inspecting or making repairs to such property, attesting based upon personal knowledge to any inspection and/or damage and repairs described above

**PART VII: OTHER PAYMENTS OR COMPENSATION**

1. Have you received compensation or payment from any person or entity for any damage, repairs or replacement of the Siding from sources such as builders, developers, contractors, other manufacturers, wholesalers, retailers or insurers?
2. If "Yes," identify the source and amount of such compensation or payments.

Attach additional sheets if necessary.

- Yes       No
- a. Source: \_\_\_\_\_
- b. Money received: \$ \_\_\_\_\_
- c. Other compensation (please describe):  
\_\_\_\_\_  
\_\_\_\_\_
- d. Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**PART VIII: CERTIFICATION OF ACCURACY**

Claimant submits to the exclusive jurisdiction of the Superior Court of Washington in and for King County, for the purpose of investigation or discovery (if necessary) with respect to this claim and any suit, action, proceeding, or dispute arising out of or relating to the Settlement.

I certify that to the best of my knowledge, information, and belief, the information on this Claim Form (and any additional sheets) is true and correct. Signature is mandatory.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Claimant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Claimant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claim Filing Service Agent

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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# TAX INFORMATION FORM

The information requested below is necessary in order for the Claims Administrator to comply with IRS reporting requirements. Failure to provide the following information may delay the processing of your claim and any related payment and may result in significant Federal Income Tax withheld. You must respond to each of the following questions:

**Question 1:** Are you the former owner of the building for which you have filed a claim? (If you are the current owner, answer No.)  Yes  No

**Question 2:** Have you previously deducted on your Federal Income Tax return(s) the original cost of installing Forestex® Siding?  Yes  No

**Question 3:** Have you previously deducted on your Federal Income Tax return(s) the repair costs associated with Forestex® Siding?  Yes  No

If you answered "No" to ALL of the above questions, you do not need to complete the remainder of this section. **You must still sign the certification.**

If you answered "Yes" to ANY of the above questions, please complete the remainder of this section. The amount of any recovery you receive must be reported to the Internal Revenue Service on Form 1099 MISC.

**Taxpayer Identification Number (TIN):** Enter your TIN on the appropriate line. For individuals, this is your social security number. For other entities, it is your employer identification number (EIN). If you do not have a TIN or EIN, write "applied for" on the appropriate line below.

_____-_____-_____ Social security number (Claimant)	_____-_____-_____ Social security number (Co- Claimant)	_____-_____-_____ Social security number (Co- Claimant)
<b>or</b>	<b>or</b>	<b>or</b>
_____-_____-_____ Employee identification number (Claimant)	_____-_____-_____ Employee identification number (Co-Claimant)	_____-_____-_____ Employee identification number (Co-Claimant)

## CERTIFICATION

I certify that the number shown on this form is my correct social security number or employer identification number (or I am waiting for a number to be issued to me) and the remaining information on this form is correct.

I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Claimant	_____/_____/_____ Date
Signature of Co-Claimant	_____/_____/_____ Date
Signature of Co-Claimant	_____/_____/_____ Date

Forestex Siding Claims Action Settlement  
PO Box 1371  
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**IMPORTANT LEGAL MATERIALS**