

Rescigno v. Statoil USA Settlement Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 43400  
Providence, RI 02940-3400



**SXO**

*Rescigno v. Statoil USA  
Onshore Properties Inc. et al.*

U.S.D.C. Case No. 3:16-cv-00085-MEM (M.D. Pa.)

«Barcode»

Postal Service: Please do not mark barcode

SXO-«Claim8»-«CkDig»

«FirstName» «LastName»

«Addr1» «Addr2»

«City», «State»«FProv» «Zip»«FZip»

«FCountry»

**Must Be Postmarked  
No Later Than  
October 9, 2020**

## CLASS ACTION SETTLEMENT HEIRSHIP/BENEFICIARY INFORMATION FORM

### 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

The information in this form is solicited to assist the Settlement Administrator in the allocation and distribution of monies attributable to the interests of persons included in the Class definition who are now deceased (“Deceased Class Members”). If you are an heir or beneficiary of a Deceased Class Member and thereby believe you are entitled to receive all, or some portion, of the Settlement Payment allocable to a Deceased Class Member under the Settlement Agreement’s Plan of Allocation, then you are requested to provide the information set forth below, sign and notarize, and mail the completed form in a postage-prepaid envelope, to the Settlement Administrator listed below, postmarked no later than October 9, 2020.

**You should send your completed form to**

*Rescigno v. Statoil USA Settlement Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 43400  
Providence, RI 02940-3400*

or call the Settlement Administrator at 1-866-826-0491.

The provision of an Heirship Form is requested as an aid to the Settlement Administrator in the distribution of the Settlement Payment, but shall not constitute a required proof of claim form. In the absence of an Heirship Form, the Settlement Administrator may, but will not be required to, review records in Defendant’s possession, including division orders, transfer orders, probate records, payment records, and like documents, and reasonably attempt to allocate and distribute Settlement Payment monies attributable to a Deceased Class Member’s interests, to the person, or persons, who received Royalty payments from the Producers as a successor-in-interest to the Deceased



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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Class Member in the ordinary course of business. The Settlement Administrator may also allocate and distribute Settlement Payment monies attributable to a Deceased Class Member's interests to the estate of the Deceased Class Member, with any such payment to be made payable to the estate of the Deceased Class Member and sent to such mailing address for the estate as may be readily ascertainable by the Settlement Administrator.

### Requested Information

A. Provide the following information about the person submitting this form:

1. Current Name:

2. Any different name under which you may have received gas royalty payments from Statoil:

3. Current Address:

Primary Address

Primary Address Continued

City

State

ZIP Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

4. Current Telephone Number:

 —  — 

B. Provide the following information about the Deceased Class Member to whom this Heirship Form pertains:

1. Name:

2. The approximate date of the Deceased Class Member's death:

 /  / 

3. Identify each oil and gas lease under which the Deceased Class Member received royalty payments on gas produced by Statoil (if you know):

a.

b.

c.

d.

e.

f.

g.



C. List the name and address of each person and/or entity who is an heir or beneficiary of the Deceased Class Member and succeeded to the Deceased Class Member's mineral or royalty interests and specify the fractional share (e.g., 1/2, 1/3, etc.) of the Deceased Class Member's interests to which each such person or entity succeeded:

1. \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 Primary Address \_\_\_\_\_  
 \_\_\_\_\_  
 Primary Address Continued \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 Foreign Province \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Foreign Country Name/Abbreviation \_\_\_\_\_

2. \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 Primary Address \_\_\_\_\_  
 \_\_\_\_\_  
 Primary Address Continued \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 Foreign Province \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Foreign Country Name/Abbreviation \_\_\_\_\_

D. Attach copies of documentation, such as probate documents, death certificates, transfer orders, division orders, and like documents, which evidence that the undersigned and the persons identified in paragraph C, above, succeeded to the Deceased Class Member's interests.

Your signature on this Heirship Form constitutes a representation that the information contained in this form and the documents provided with the form are true and correct to the best of your knowledge, information, or belief.

\_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Signature

State of: \_\_\_\_\_  
 County of: \_\_\_\_\_  
 On \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for said County,  
 personally appeared \_\_\_\_\_, who acknowledged that he/she/they  
 did sign the foregoing document and that it is their act and deed.  
 My commission expires: \_\_\_\_\_  
 Signature / Notary Public \_\_\_\_\_ Name / Notary Public \_\_\_\_\_



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