ATTACHMENT B TO CLAIM FORM FOR WRONGFUL DEATH CLAIM

CERTIFICATE OF SERVICE OF CLAIM FORM

FOR WRONGFUL DEATH (TIER I) CLAIM

I, [**INSERT** name of signatory], declare that:

I am at least 18 years of age, and not a party to the above-entitled action. My business address is _____, Telephone: _____.

On _____, I caused to be served the following document(s):

CLAIM FORM(S) FOR WRONGFUL DEATH (TIER I) CLAIM(S) OF [INSERT NAME OF PLAINTIFF/CLAIMANT OR IF SERVING MORE THAN ONE WRONGFUL DEATH CLAIM FORM WITH THIS CERTIFICATE, INSERT NAMES OF ALL PLAINTIFFS/CLAIMANTS WHOSE FORMS ARE BEING SERVED WITH THIS CERTIFICATE

by enclosing a the **originals** of said document(s) in (an) envelope(s), addressed as follows:

☐ BY MAIL: I am readily familiar with the business' practice for collection and processing of correspondence for mailing with the United States Postal Service. I know that the correspondence is deposed with the United States Postal Service on the same day this declaration was executed in the ordinary course of business. I know that the envelope was sealed, and with postage thereon fully prepaid, placed for collection and mailing on this date, following ordinary business practices, in the United States mail at **[City and State.]**.

☐ BY PERSONAL SERVICE: I caused such envelopes to be delivered by a messenger service by hand to the address(es) listed below:

☐ BY OVERNIGHT DELIVERY: I enclose the **originals** of said document(s) in a Federal Express envelope, addressed as follows: _____

Special Master's Office
In re: Propulsid MDL 1355 Resolution Program
400 Poydras Street, Suite 2820
New Orleans, LA 70130
Telephone: (504) 586-7995

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1   I declare under penalty of perjury under the laws of the State of [insert State of
2   service] that the above is true and correct.

3   Executed on [Date] at [City and State].

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6   [Name]

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CERTIFICATE OF SERVICE