

LAW OFFICES

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ATTORNEYS

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STANSBURY  
EXHIBIT  
502012CP004391SB  
F

SUPPORT STAFF  
DIANE DUSTIN  
KIMBERLY MORAN  
SUANN TESCHER

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree  
Claims Department  
Heritage Union Life Insurance Company  
1275 Sandusky Road  
Jacksonville, IL 62651

Re: Insured: Simon L. Bernstein  
Contract No.: 1009208

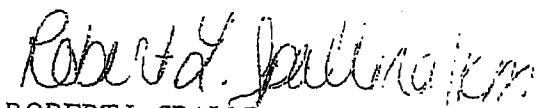
Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the TIN number for the 1995 trust.

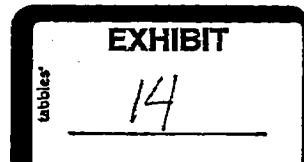
If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

  
ROBERT L. SPALLINA

RLS/km

Enclosures



BT000083

## CLAIMANT STATEMENT

### DECEDENT INFORMATION

1. Name of Deceased (Last, First Middle)	2. Last 4 digits of Deceased's Social Security No:
Bernstein, Simon Leon	521

3. If the Deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias, please provide them below.

4. Policy Number(s)	1009208	5. If policy is lost or not available, please explain:
		unable to locate, policy is 30 years old

6. Deceased's Date of Death	7. Cause of Death	8.
09/13/12	natural causes	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending

### CLAIMANT INFORMATION

9. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.  
Simon Bernstein I Revocable Insurance Trust

10. Street Address	11. City	12. State and Zip	13. Daytime Phone Number

14. Date of Birth	15. Social Security or Tax ID Number	16. Relationship to Deceased

17. I am filing this claim as:

- an individual who is named as a beneficiary under the policy
- a Trustee of a Trust which is named as a beneficiary under the policy
- an Executor of Estate which is named as a beneficiary under the policy
- Other

18. Are you a U.S. Citizen?  Yes  No  
(If "No" please list country of citizenship)

19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

### CLAIMANT INFORMATION (to be completed by 2<sup>nd</sup> claimant, if any)

20. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.

21. Street Address	22. City	23. State and Zip	24. Daytime Phone Number

25. Date of Birth	26. Social Security or Tax ID Number	27. Relationship to Deceased

28. I am filing this claim as:

- an individual who is named as a beneficiary under the policy
- a Trustee of a Trust which is named as a beneficiary under the policy
- an Executor of Estate which is named as a beneficiary under the policy
- Other

29. Are you a U.S. Citizen?  Yes  No  
(If "No" please list country of citizenship)

30. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE

CL GO12F Life Claimant Statement No RAA 12/23/2011

Page 3

JCK001271

## CLAIMANT STATEMENT

0003880.0002711

### SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.

Name of Settlement Option from Policy

### Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

### SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the 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, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

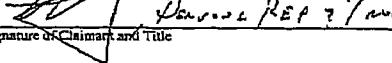
### SIGNATURES

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

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

	RECEIVED 12/23/2011	12/1/12
Signature of Claimant and Title	Date	
Signature of Second Claimant, if any, and Title	Date	

## CLAIMANT STATEMENT

0008680.0002712

## TRUSTEE CERTIFICATION

### TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)

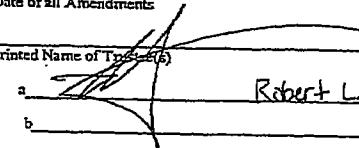
COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS.  
Please include a copy of the trust agreement, including the signature page(s) and any amendments.

I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement; that said agreement is in full force and effect, and that we have the authority to make this certification.

### Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):

1. The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.
2. The GST tax does not apply because the GST tax exemption will offset the GST tax.
3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.
4. The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.)
5. The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

Name of Trust	Date of Trust Agreement 06/01/1995
Simon Bernstein Irrevocable Insurance Trust	Trust Tax ID Number 65-0178916
Date of all Amendments	
Printed Name of Trustee(s)	Signature(s)
a 	Robert L. Spallina
b _____	_____
c _____	_____
d _____	_____