

**UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
IN RE: PERPETUA-BURR OAK HOLDINGS OF ILLINOIS, LLC  
CASE NO. 09-34022**

**TRUST CLAIM FORM AND INSTRUCTIONS**

IT IS IMPORTANT THAT YOU READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY

YOU MUST SUBMIT A FULLY EXECUTED TRUST CLAIM FORM TO BE CONSIDERED FOR A DISTRIBUTION FROM THE PERPETUA CLAIMS TRUST TO:

**If by First Class Mail – BMC Group, Inc., Attn: Perpetua Claims Processing, P.O. Box 3020, Chanhassen, MN 55317 or if by Overnight or Hand Delivery - BMC Group, Inc., Attn: Perpetua Claims & Balloting Processing, 18750 Lake Drive East, Chanhassen, MN 55317**

Should you wish to receive another copy of this Trust Claim Form you may call toll free 1-888-909-0100 to request a form be mailed to you, or you may download the form from <http://www.bmcgroup.com/perpetua>

**YOU MUST MAIL ALL ORIGINAL COMPLETED FORMS AND COPIES OF ANY SUPPORTING DOCUMENTATION INCLUDING ANY SUPPORTING AFFIDAVIT TO THE PERPETUA TRUST ADMINISTRATOR SO THAT IT IS RECEIVED NO LATER THAN AUGUST 15, 2011**

PLEASE COMPLETE THE ENTIRE CLAIM FORM. PLEASE USE BLUE OR BLACK INK AND PRINT.

**CLAIMANT INFORMATION (Please Complete)**

<b>Your Name:</b>	First Name Last name	Middle Initial Suffix (e.g. Jr, Sr, III)
<b>Your Mailing Address</b>	Street City	Apt. / Unit / Space # State                      Zip Code
<b>Your Telephone</b>	(     )                      - (     )                      -	Home Cell
<b>Your Social Security Number</b>		<b>Your Birth Date:</b> /     /

**DECEDENT INFORMATION (Please Complete)**

<b>Decedent's Name</b>	First Name Last name	Middle Initial Suffix (e.g. Jr, Sr, III)
<b>Decedent's Date of Death</b> /     /	<b>Decedent's Date of Birth</b> /     /	
Have you attached a copy of the decedent's death certificate to this claim or a completed Affidavit to this claim?		
		Yes                      No
Have you attached copies of any relevant Burr Oak Cemetery Contract to this claim?		
		Yes                      No
Have you attached proof of your relationship (birth certificate, marriage license, etc.) or a completed Affidavit to this claim?		
		Yes                      No
<b>Were you party to a contract with Burr Oak Cemetery, if so:</b>	Date of Contract: _____	
	Contract Provided For: (Circle One)	Deeded Lot      Burial Services      Both

**CLAIM INFORMATION – EACH CLAIM CAN ONLY BE IN ONE CLASS  
(Please Complete)**

Class 7 Claim <input type="checkbox"/> Direct Trust Claim  Automatic Payment Option	Basis of Claim:  Contract <input type="checkbox"/> Lineal Decedent <input type="checkbox"/>	Will you donate payment for upkeep and maintenance of Burr Oak Cemetery:  Yes <input type="checkbox"/> No <input type="checkbox"/>
For Class 7 Claims Only – Please Note Relationship to Decedent below and on completed Affidavit:  Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____		
Class 8 Claim <input type="checkbox"/> Indirect Trust Claim  Trust Distribution Only	Basis of claim (fill in):	
Class 9 Claims (Other) <input type="checkbox"/>  State Basis and Amount of Claim Please select Litigation or Arbitration	Basis of Claim (fill in):	Quantified Damages: \$ _____  I elect (select 1): Litigation <input type="checkbox"/> Arbitration <input type="checkbox"/>

THE PLAN AND TDP REQUIRE THAT YOU PROVIDE DOCUMENTARY EVIDENCE OR AN AFFIDAVIT IN SUPPORT OF YOUR CLAIM. ACCEPTABLE PROOF INCLUDES, WITHOUT LIMITATION, BIRTH CERTIFICATE(S), DEATH CERTIFICATE(S), MARRIAGE LICENSE(S), OR IN SOME CASES, OTHER STATE ISSUED DOCUMENTATION AS WELL AS A QUANTIFIED STATEMENT AND EVIDENCE OF DAMAGES. FAILURE TO PROVIDE ADEQUATE SUPPORT OF YOUR CLAIM MAY RESULT IN THE DENIAL OF YOUR CLAIM. IF YOU ARE UNABLE TO OBTAIN THE NECESSARY DOCUMENTATION, PLEASE EXPLAIN YOUR REASONS IN WRITING ON A SEPARATE PIECE OF PAPER. THE DETERMINATION OF THIS CLAIM IS CONTROLLED BY THE PLAN AND TDP. **TAKE NOTE THAT PURSUANT TO SECTION 3.1.7(b) OF THE PLAN, “IF THE AGGREGATE AMOUNT OF ALLOWED CLASS 7 CLAIMS THAT ELECT THE AUTOMATIC PAYMENT OPTION EXCEEDS THE AMOUNT OF THE AUTOMATIC PAYMENT ALLOCATION, THEN EACH DISTRIBUTION ON ACCOUNT OF SUCH ALLOWED CLASS 7 CLAIM SHALL BE REDUCED FROM \$100 ON A PRO RATA BASIS.” TAKE FURTHER NOTE THAT THE HOLDER OF ANY ALLOWED CLASS 9 CLAIM SHALL RECEIVE A PRO RATA DISTRIBUTION ON ACCOUNT OF SUCH ALLOWED CLAIM PURSUANT TO SECTION 3.1.9(b) OF THE PLAN.**

**RELEASE AND CERTIFICATION (COMPLETION IS NECESSARY FOR CLAIM CONSIDERATION)**

**BY YOUR SIGNATURE HEREIN BELOW, YOU ACKNOWLEDGE THAT YOU ARE ALREADY BOUND BY THE TERMS OF THE DEBTORS’ AMENDED JOINT CHAPTER 11 PLAN OF LIQUIDATION DATED FEBRUARY 18, 2011 (“PLAN”), AS AMENDED, THE ORDER OF THE UNITED BANKRUPTCY COURT CONFIRMING THE PLAN, AND THE PERPETUA CHANNELING INJUNCTION SET FORTH THEREIN AND IMPLEMENTED THEREUNDER. IN ACCORDANCE WITH ARTICLE V OF THE PLAN, INCLUDING THE DEFINITIONS SET FORTH IN EXHIBIT 1 THERETO, YOU FURTHER AGREE TO AND CONFIRM BY YOUR SIGNATURE BELOW THE FULL AND FINAL RELEASE, DISCHARGE AND SATISFACTION OF ANY AND ALL CHANNELED CLAIMS (INCLUDING, WITHOUT LIMITATION, ALL CEMETERY CLAIMS AND TRUST CLAIMS) AGAINST EACH AND ALL OF THE PROTECTED PARTIES AS SET FORTH IN THE PLAN.**

I certify under penalty of perjury under the laws of the State of Illinois and the United States that I am authorized to make this claim and that the information on the front and back of this form (and in any attached documents) is true, correct and complete. I understand that, if I submit, or cause to be submitted, a false claim, I will waive any and all rights I have under the Perpetua Trust Agreement and related TDP (including but not limited to the right to receive money) and I will be required to reimburse the Perpetua Trust for any and all money paid in connection with the false claim.

Dated: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Your Signature

**If you are submitting this Trust Claim Form on someone else’s behalf, you must provide a copy of the document providing you with the power of attorney or legal right to do so or the applicable Claim will be denied.**

**THIS TRUST CLAIM FORM MUST BE MAILED TO PERPETUA CLAIMS PROCESSING SO THAT IT IS RECEIVED BY BMC GROUP, INC. NO LATER THAN AUGUST 15, 2011.**

