

REQUEST FOR COMPENSATION

North American Coin & Currency
State v. Sherman Unkefer III, Arizona Superior Court for Maricopa County, Cause No. CV 2014-006765
Michael J. FitzGibbons, Receiver
9821 N. 95th Street, Suite 105, Scottsdale, Arizona 85258

The undersigned hereby requests compensation from the Forfeited Assets in the above case for the Economic Loss sustained by the Victim (identified below) as a result of the Victim's dealings with North American Coin & Currency between 1975 and 1982.

A. Victim Information	
<i>The following Victim sustained economic loss from his or her dealings with North American Coin & Currency during the period between 1975 and 1982</i>	<input type="checkbox"/> <i>Check if any of the Victim information set forth in the box to the left is incorrect, and then enter the correct information below:</i> Victim's Name: _____ Address: _____ _____ City: _____ State & ZIP Code: _____ Email address: _____

If a person other than the Victim is making this Request for Compensation, complete the following:

B. Requestor Information	
<input type="checkbox"/> <i>Check if the Requestor is not the Victim identified above and provide the following information:</i> Last Name: _____ First Name: _____ Address: _____ _____ City: _____ State & ZIP Code: _____ Email address: _____ Relationship to the Victim: _____	Check the following box that is applicable: <u>The Victim identified above is deceased:</u> <input type="checkbox"/> <i>I make this Request as the personal representative or executor of the Victim's estate.</i> <input type="checkbox"/> <i>I make this Request for Compensation as the _____ of the Victim.</i> <u>The Victim identified above is living:</u> <input type="checkbox"/> <i>I am the legal representative of the Victim under a power of attorney.</i> <input type="checkbox"/> <i>I make this Request for Compensation as the _____ of the Victim.</i>

Check here if this Request:	<input type="checkbox"/> Replaces	<input type="checkbox"/> Amends	a previously filed Request, dated _____ \ _____ \ _____
	<input type="checkbox"/> Supplements		

C. <u>PRESUMED AMOUNT OF ECONOMIC LOSS.</u> The Receiver's records indicate that the Victim's Economic Loss from the Victim's dealings with North American Coin & Currency, less all recoveries received from North American Coin & Currency, Sherman Unkefer, or from any other source, is as follows:	
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- I agree that the above amount is correct and is the amount of economic loss for which the undersigned seeks compensation. (If you check this box you can skip Section D and go to the next page)*
- I do not agree that the above amount is the amount of economic loss to which I am entitled in this case. If this box is checked then the following information in Section D must be provided in order for your Request to be considered:*

SEE REVERSE

Mail This Executed Request for Compensation on or before June 15, 2016 to:
Michael J. FitzGibbons, Receiver, 9821 N. 95th Street, Suite 105, Scottsdale, AZ 85258

D. CORRECT AMOUNT OF ECONOMIC LOSS. The correct amount of the Victim's Economic Loss from the Victim's dealings with North American Coin & Currency, less all recoveries received from North American Coin & Currency, Sherman Unkefer, or from any other source, is as follows:

(1) Amount of the Victim's Loss from dealings with North American Coin & Currency during the period of 1975 through 1982: \$ _____

(2) Less the Amount of any recoveries received from North American Coin & Currency, Sherman Unkefer or from any other source: \$ _____

(3) Victim's Economic Loss of \$ _____ (the amount shown in D(1) less the amount in D(2))

You must enter the amounts requested above and provide below a detailed description below of your economic loss and any recoveries, including dates and amounts for each. Finally, you must attach copies of all supporting documents such as cancelled checks, etc.

Select one of the following and then sign and enter the date in the spaces provided below:

I am the Victim identified above and the address provided in Section A above is my current address and is the address at which I will accept all future mailings from the Receiver, the Court or the parties concerning this request. If my mailing address should change I will promptly notify the Receiver of my new address.

I am not the Victim identified above but I am the person authorized to make this Request for Economic Loss sustained by the Victim and the address provided in Section B above is my current address and is the address at which I will accept all future mailings from the Receiver, the Court or the parties concerning this request. If my mailing address should change I will promptly notify the Receiver of my new address.

I have personal knowledge of the facts set forth above and I declare, under penalty of perjury, that all of the information contained in this Request for Compensation is true and correct.

Date: _____ Signature: _____

Print full name _____

Mail This Executed Request for Compensation on or before June 15, 2016 to:

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