

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

**Case No.** 10 CV 23235 WMH

**The attached hand-written  
document  
has been scanned and is  
also available in the  
SUPPLEMENTAL  
PAPER FILE**

①

July 19,

FILED <sup>Date</sup> by 2011 D.C.

ARG

JUL 25 2011

STEVEN M. LARIMORE  
CLERK U. S. DIST. CT.  
S.D. of FLA. - MIAMI

Dear Sir

I've been wanting to  
this letter for a long time. I  
need help with this Company.

I'm 87 years old.

My husband opened this  
Account with AT+T Universal  
Credit Card Co. I think 2007  
or earlier. I thought he was  
paying <sup>it</sup> off every month.

My husband got sick  
in July 2009. (Bladder Cancer)  
He had to go out of town for the  
surgery L.A. USC cancer center.  
so in Sept I took over paying  
the bills. I was surprised  
It was so big; out of control.  
he was making big payments  
He died 11-21-09  
I was checking the bills from

(2)

at + t Universal Credit <sup>Date</sup>  
Card Co. and found privacy  
I used at first charged  
me \$60. a month, then later  
Charged me \$127. a month.

That's high. He was keeping  
my credit card safe. Who was  
keeping it safe from him.

In Dec 2009 I called at + t  
universal credit card and told  
them I wanted <sup>to</sup> close the account.  
They said first cash in my  
points that I had. So next  
day I close the account.

I asked about the Insurance  
because my husband had <sup>up</sup>  
died. They told me it <sup>was</sup> for  
accidental death only.

at first I ~~payed~~ paid \$200. a month  
until they offered me deal no  
interest for 1 year. When the  
year was up, the interest was

3

Date

washing.

Then I was offered another deal for 4 years for \$339 a month - no interest and I cant afford it. I'll be 91 years old, hope I make it. If I have a choice between eating and paying this, guess what I'll choose.

I hope I can get some help with this mess.

Sincerely  
Catherine B Brackett  
5572 N Nantucket  
Fresno Ca 93704

559 4396701  
Phone.

**CLAIM FORM**

To receive benefits from this Settlement, your claim form must be received on or before August 8, 2011.  
Mail your completed and signed claim form to:

Kardonick Settlement Administrator  
P. O. Box 280  
Philadelphia, PA 19105-0280

You must complete all four sections and sign below in order to receive any benefits from this Settlement.

**1. CLAIMANT INFORMATION:**

Catherine B Brackett James M Brackett Died 11-21-09  
FNAME1 MI1 LNAME1

5572 N Mantucket  
FNAME2 MI2 LNAME2  
ADDRESS 1

Fresno Ca 93704  
CITY STATE ZIP ZIP4 (optional)

DATE OF BIRTH 7 / 22 / 24

2. **EITHER** state the number that appears on the mailing label of the postcard you received here \_\_\_\_\_, **OR** state the last four digits of your Social Security Number here \_\_\_\_\_, **OR** state the last four digits of **ANY** of your Chase credit card accounts that were enrolled in a Payment Protection Product at some time between September 1, 2004 and November 11, 2010 here \_\_\_\_\_

3. Please check the box next to the statement that is correct about you:

- I **have** been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.
- I **have not** been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.

4. Please check all boxes that apply. If you do not check at least one box your claim will not be paid.

- I made a claim for Chase Payment Protection benefits and my claim was denied.
- I was billed for or enrolled in a Chase Payment Protection Product without my knowledge or consent **and/or** I was self-employed, retired, seasonally employed, or employed less than 30 hours per week (or less than 15 hours per week for students), or I voluntarily forfeited my job (resigned) at some point during my enrollment in a Chase Payment Protection Product.
- None of the above categories apply to me, but I am not completely satisfied with the Chase Payment Protection Product(s) in which I was enrolled at some point between September 1, 2004 and November 11, 2010.

I declare that I have accurately filled out this form to the best of my knowledge.

Signature: Catherine B Brackett  
Name (please print): Catherine B Brackett  
Date: May 26, 2011

Catherine B Brackett  
5572 N Nantucket  
Fresno Ca 93704

**USMS INSPECTED**

BY \_\_\_\_\_

Clerk of the Court  
Southern District of Florida  
400 North Miami Ave.  
Miami, Florida 33128



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