

Kardonick v. JPMorgan Chase & Co., 10-cv-23235 (S.D. Fla.)**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

FILED by SP D.C.

AUG 01 2011

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

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

1. CLAIMANT INFORMATION:

M FNAME1 M MI1 Murphy LNAME1 - Deceased

Donald FNAME2 T. MI2 Murphy LNAME2

41 Loughlin Rd. Lot 70, Brighton, N.Y. 13904 ADDRESS 1

41 Loughlin Rd. Lot 70 ADDRESS 2

Brighton CITY NY STATE 13904 ZIP - ZIP4 (optional)

DATE OF BIRTH 5 11 1938

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 3742, **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 5572 - Social SECURITY No 104-281120

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: Donald T. Murphy

Name (please print): DONALD T. MURPHY

Date: July 30, 2011

To whom it may concern, the Chase Credit Card was in the wife name and was enrolled in a protection plan in case she died. I sent them a copy of the death certificate to them.

They said because I used her card, they were now responsible to pay off the card. I explain to them the wife was in a electric wheel chair, and could not go out to use her card to buy items for her self and I used the card to get her what she wanted or needed, they said I was responsible for the card and I had to make the payment each month after she pass away on April 3, 2009. I was very upset about this and told them, I should not be paying on their credit card.

Hope you can help me out on this matter.

Thank you,

Donald T. Mungely

44 Mungely Rd. Box 70

Birmingham, N.Y. 13909

Telephone (607) 775 4357

I have an answering machine on the phone

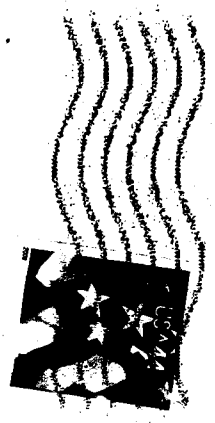
Donald T Murphy
41 Longhlin Rd
Birmingham Ala 35207

USMS INSPECTED

BY _____ Clerk of the Court

Southern District of Florida
400 North Miami Ave
Miami, Florida 33128

STANDARD MAIL PERMIT NO. 1000 MIAMI FL



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