CLAIM FORM

Lieber v. Wells Fargo Bank, N.A. No. 1:16-cv-02868-PAG

Information designated with an asterisk (*) is REQUIRED. Failure to include this information will result in a rejection of your claim.

First Name*									MI*	*	Last Name*																		
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CERTIFICATION

By submitting this Claim Form, I certify to the best of my knowledge that I am a Borrower on a Federally Related Mortgage Loan, and between November 15, 2013 and February 1, 2017 (i) I communicated in writing with Wells Fargo at P.O. Box 10335, Des Moines, IA 50306, regarding that Federally Related Mortgage Loan; and (ii) neither Wells Fargo nor its counsel fully responded to my written communication, citing the existence of active litigation, active mediation, and/or active bankruptcy.

	Date	–	
	MM	DD	YY
Signature*			

Mail Your Completed Claim Form To:

Lieber v. Wells Fargo P.O. Box 3757 Portland, OR 97208-3757

YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JUNE 10, 2018.