

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 8701 E. Vista Bonita Dr., Ste. 200, Scottsdale, AZ 85255
--

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 &amp; Currency during the period between 1975 and 1982</i>	<div><input type="checkbox"/> Check if any of the Victim information set forth in the box to the left is incorrect, and then enter the correct information below:</div> <div>Victim’s Name: _____</div> <div>Address: _____</div> <div>City: _____</div> <div>State &amp; ZIP Code: _____</div> <div>Email address: _____</div>

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

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

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

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:  <div>\$4,965.00</div>
--

- ☐ 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

**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 \_\_\_\_\_