

I. FIRE VICTIM IDENTIFICATION

1. Complete the table below to identify each person or entity asserting claims in this Claims Questionnaire.

For individuals: Select the Individual Claimant Type and then enter the person's full name, and date of birth

For businesses, trust, estates or other entities: Select the applicable Claimant Type and then enter the entity's legal name and Employer ID Number ("EIN"). This is the business name as it appears on the business's tax return. If you are the owner of a business, you should submit claims on behalf of the business under the name and EIN of the business. For businesses with multiple owners, an authorized business representative should submit claims on behalf of the business under the name and EIN of the business. Owners of a business should not submit claims under their SSNs for their separate ownership interests in the business.

If you are completing this Claims Questionnaire on behalf of yourself as an individual and on behalf of other individuals, a business, trust, estate or other entity, please list below all claimants and complete Sections II through XIII for each claimant.

1. Claimant(s)

Claimant Type	Claimant Name	Date of Birth	Employer ID Number ("EIN") (applicable to Business Claimants only)
Home(s) owner	Heidi Wakefield	8/22/55	
Spouse	Michael Meuser	10/29/45	

2. Authorized Business Representative (applicable to Business Claimants only)

Last Name	First Name	MI	Suffix
Title			
Telephone			Email

3. Complete the table below to identify Loss Location(s) included in this Claims Questionnaire. A Loss Location is the place where you and/or your family suffered harm (for example, your home or business address, place of injury, or the place from which you evacuated). Provide the physical addresses of your different Loss Locations below. Do not provide P.O. Boxes.

Loss Location 1	Street	1532 1110 Williams Valley rd.		Apt/Suite/Lot Number
	City	Greenville	State	CA
	Country	USA	APN (if known)	004-280-006-000



Loss Location 2	Street	1600 Williams Valley Rd		Apt/Suite/Lot Number
	City	Greenville	State	CA
	Country	USA	APN (if known)	004-280-006-000 (same as 1532)
Loss Location 3	Street	N		Apt/Suite/Lot Number
	City		State	
	Country		APN (if known)	
4. Are you represented by an attorney? If Yes, complete the question below. Otherwise, skip to Section II.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Law Firm	Reiner Slaughter			
II. REAL AND PERSONAL PROPERTY DAMAGE				
A. PROPERTY IDENTIFICATION				
1. Are you submitting a claim for Real or Personal Property damage? If Yes, answer the questions below. Otherwise, skip to Section III. If you have multiple Loss Locations submit additional pages answering Sections A-F for each location.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Loss Location	Street	1532 & 1600 Williams Valley Rd		Apt/Suite/Lot Number
	City	Greenville	State	CA
	APN (if known)	004-280-006-000		
3. Provide a brief description of the damaged real and personal property and upload documents supporting your claim, including records reflecting any improvements to the property. If you have documents identifying the cost to repair or replace the dwelling, -you may upload them to your file.				

see attached

real property report from consultant. personal property has been & will be provided as spreadsheets via email to Christina

4. At the time of the Fire, were you a title owner of this property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) If Yes, list all title owners at the time of the Fire: <i>Meidi Wakefield</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) If No, since the Fire, have you received an assignment of the right to make a claim related to the damage of this real property? If you received an assignment, submit relevant documents reflecting the assignment.	
5. On what date did you purchase the property (MM/DD/YYYY)? <i>July 30, 2013</i>	
6. At what price did you purchase the property? <i>\$91,837.13</i>	
7. Do you still own the Real Property that was affected by the Fire? If Yes, complete the responses to questions 7-8 below. If no, complete the response for question 9.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you repaired or restored the property after the fire? If yes, indicate the completion date. <i>only repaired well at a cost of \$5500</i>	<input type="checkbox"/> Yes, on _____ <input checked="" type="checkbox"/> No
9. Do you have a genuine desire to repair or restore this property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. If you sold this property subsequent to the Fire, provide the date of sale and price received.	
11. What is the size of the parcel on which this property is located? <i>Note that property on steep slope. On the ground acreage = 2.25 ac.</i>	_____ square feet <i>1.47</i> acres
B. RESIDENTIAL REAL PROPERTY	
1. Does your property claim include a dwelling that was damaged by the Fire? Note that dwellings do not include outbuildings (e.g., barns, detached garages, pumphouses, outhouses, sheds/storage units, etc.). Outbuildings should be listed in Section II.D. below. If Yes, answer the questions below. Otherwise, skip to Section II.C. If you have multiple dwellings on one property, submit additional pages answering questions 2-5 for each.	<input checked="" type="checkbox"/> Yes (<i>2</i>) <input type="checkbox"/> No

1532 Williams Valley Rd

2. What is the type of dwelling?	<input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured Home	<input checked="" type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Home <input type="checkbox"/> Single Family Home	<input type="checkbox"/> Other Dwelling _____
3. What is the size of the dwelling? <u>1200</u> square feet			
4. How many bedrooms and bathrooms were in the dwelling?			bedroom(s) <u>3</u> bathroom(s) <u>2</u>
5. If this dwelling is a multi-family home or multi-family apartment building, please provide the number of units. <u>no</u>			units
6. When was the dwelling constructed (MM/DD/YYYY)?			<u>1969</u>
7. At the time of the Fire, were you renting out the dwelling? Any claims for lost rental income should be filed in Section III. If yes, list the individuals who rented the property:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial
8. Was the dwelling uninhabitable after the fire? <u>destroyed</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Were you displaced from the property as a result of the Fire? If Yes, include the date you were displaced.		<input checked="" type="checkbox"/> Yes, on <u>7/24/2021</u> <input type="checkbox"/> No	
C. COMMERCIAL REAL PROPERTY			
1. Does your property claim include a commercial structure that was damaged by the Fire? Note that commercial structures do not include outbuildings (e.g., barns, detached garages, pumphouses, outhouses, sheds/storage units, etc.). Outbuildings should be listed in Section II.D. below. If you answer Yes to this Question, answer Questions 2-5 below. Otherwise, skip to Section II.D. If you have multiple commercial structures on one property, submit additional pages answering Questions 2-5 for each commercial structure. Residential structures of not more than four dwelling units should be claimed under Residential Real Property (Section II.B above).			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Type of structure	<input type="checkbox"/> Apartment/Condo Building <input type="checkbox"/> Commercial Office Building <input type="checkbox"/> Education/School Facility <input type="checkbox"/> Farm or Other Agricultural <input type="checkbox"/> Healthcare/Medical Facility	<input type="checkbox"/> Hospitality/Lodging <input type="checkbox"/> Industrial <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Parking Structure Facility <input type="checkbox"/> Public/Community Facility	<input type="checkbox"/> Retail <input type="checkbox"/> Transportation/Airplane Related <input type="checkbox"/> Vineyard <input type="checkbox"/> Winery <input type="checkbox"/> Other _____
3. What is the size of the commercial structure? _____ square feet			

4a of 17
 see 4b for second dwelling @ 1600
 Williams Valley Rd.

2. mobile home
3. 800 sq. ft.
4. 2 bedrooms, 1 bath
5. No - not multi family
6. 1970
7. yes, Clinton meuser \$200/month
8. Yes uninhabitable, destroyed
9. yes 7/24/2021

Commercial real property - NO

4. When was the commercial building constructed (MM/DD/YYYY)?			
5. Estimated or actual cost of repairing or rebuilding the commercial property			
D. OTHER STRUCTURES			
1. Does your property claim include other non-habitable structures that were damaged by the fire? If Yes, answer the questions below. Otherwise skip to Section II.E.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please describe the type of structure.		<i>Several - see attached other structures</i>	
3. What is the size of the other structure? square feet		<i>See attached</i>	
4. When was the other structure constructed (MM/DD/YYYY)? <i>see attached</i>			
5. Does the other structure have any of the following? Check all that apply.	<input type="checkbox"/> Electricity	<input type="checkbox"/> Permanent Foundation	<input type="checkbox"/> Plumbing
E. AMENITIES			
1. Does your property claim include Fencing? If Yes, Describe the fencing material, the height, and approximate length of Fencing below.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe the material, height, and approximate length of fencing.		<i>7 ft. tall deer fencing, 300 ft.</i>	
3. Does your property claim include a swimming pool? If Yes, describe the type and size of pool, and date of construction below.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Describe the type and size of pool, and date of construction.			
5. Does your property claim include any retaining walls? If Yes, describe the material, height, location, and approximate length of retaining walls below.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Describe the material, height, location and approximate length of retaining wall.		<i>Several - see attached</i>	
7. Does your property claim include any culverts? If Yes, describe the materials, location(s), and approximate size(s) of any culverts below. <i>20 ft of 18" culvert</i>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

See attached

8. Describe the materials, location(s), and approximate size(s) of any culverts.	<i>Base of driveway</i>	
9. Does your property claim include solar panels? If Yes, list the type of solar panels, the manufacturer, the size of the panels, the number of panels, the manufacturer of the inverter, the maximum system voltage, and the date of installation below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. List the type of solar panels, the manufacturer, the size of the panels, the number of panels, the manufacturer of the inverter, the maximum system voltage, and the date of installation.	<i>See Inventory spreadsheet</i>	
F. FORESTRY/LANDSCAPING		
1. Does your property claim include landscaping, shrubbery, vegetation, or forestry? If Yes, answer the questions below. Otherwise, skip to Section II.G.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Describe the type and quantity of landscaping, shrubbery, or vegetation that was damaged or destroyed.	<i>See attached landscape trees and landscape</i>	
3. If your claim includes forestry damage, indicate the damaged or destroyed acreage _____ acres		
4. How much are you claiming for the damage to the trees and landscape?	<i>awaiting arborist consultant report - Budget</i>	
G. PERSONAL PROPERTY CLAIMS		
1. Does any part of your property claim relate to damage to personal property that you owned at the time of the Fire? Personal property includes the contents of your home such as furniture, clothing, and household items as well as automobiles and other movable property. If No, skip to Section III. If you have lost or damaged personal property at multiple Loss Locations, complete Section II.G. for each Loss Location.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Type of lost or damaged personal property	<input type="checkbox"/> Agricultural/Commercial Equipment <input checked="" type="checkbox"/> Automobile/Transportation Equipment <input checked="" type="checkbox"/> Clothing and Personal Items	<input checked="" type="checkbox"/> Cherished Goods (e.g., photo albums) <input checked="" type="checkbox"/> Furniture, Appliances, or Home Goods <input checked="" type="checkbox"/> Other <i>See Inventory spreadsheet</i>
3. What is the estimated value of your lost or damaged personal property? Provide a brief description of the damaged property: <i>See Inventory spreadsheet</i>		

K
much more than
see attached

4. Upload documents supporting your claim and provide a brief description or itemized list of the damaged property. If you were not the owner of the property, you must provide proof that you were living there at the time of the Fire, such as a lease agreement and proof of payment.	
5. Did you suffer any property loss other than the real and/or personal property damage indicated above as a result of the Fire? If Yes, answer the questions below and provide documents supporting your claim. Otherwise, skip to Section III.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Provide a brief description of the damaged property.	
7. What is the estimated value of your lost or damaged other property?	
III. BUSINESS INCOME LOSS	
1. Are you submitting a claim for lost profits on behalf of a business affected by the Fire? Note that you may make a claim only for lost profits (<i>i.e.</i> , revenues less expenses), not lost revenues. If Yes, answer the questions below. Otherwise, skip to Section IV. For purposes of classifying your claim, if you are a sole proprietor and you file your federal taxes on a Form 1040 with a Schedule C, E or F that lists expenses, you are considered a business claimant for purposes of this Claims Questionnaire.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does your claim for lost profits relate to a physical injury that you sustained as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your claim for lost profits relate to damage to property in which you had a property interest at the time of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What could this be? →

? ←

4. Business Address (provide address used on tax returns)	Street	Apt/Suite/Lot Number		
	City	State	Zip Code	
5. Business Description. Provide a brief description of the business, including the industry it operates in.				
6. In the table below, identify all owners of the business and then respective Taxpayer Identification Numbers and ownership interests. Provide full legal names. If an owner is not a natural person, identify the legal form of the entity (e.g., Partnership).				
	Owner Name	Owner's Taxpayer ID	% of Ownership	Legal Form of Entity (if the Owner is not a natural person)
(a)				
(b)				
(c)				
(d)				
(e)				
(f)		s		
7. Has the business permanently ceased operations and/or declared bankruptcy since the Fire? If Yes, enter the date the business ceased operations and/or declared bankruptcy.				<input type="checkbox"/> Yes, date: <input type="checkbox"/> No
8. Was business at this Loss Location interrupted as a result of the Fire? If you have multiple Loss Locations, submit additional pages answering this question for each location.				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Did you resume your business at this Loss Location, or if not, do you intend to resume your business at this Loss Location? If you have multiple Loss Locations, submit additional pages answering this question for each location.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(a). If Yes what was the date business operations resumed at this Loss Location, or the anticipated date if operations have not yet resumed?	Date:		
(b). If you do not intend to reopen your business, please explain why.			
10. Identify the losses suffered at this Loss Location in the table below. If you have multiple Loss Locations, submit additional pages answering these questions for each location.			
Nature of Losses	Yes/No	Amount Claimed	Additional Information
(a) Did your business at this Loss Location suffer any business income losses as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, indicate the duration of time over which the business income loss amount is calculated? Start Date: End Date: Is your business impacted by annual seasonality? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Did your business at this Loss Location lose inventory as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting lost inventory.
(c) Did your business at this Loss Location suffer any damage to commercial vehicles or equipment as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting damage to equipment.

11. Did your business at this Loss Location incur any additional remediation expenses as a result of the Fire? If Yes, provide the types and amounts claimed for additional remediation expenses (excluding insurance recovery). If you have multiple Loss Locations, submit additional pages answering this question for each location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Increased/temporary security <input type="checkbox"/> Temporary labor: <input type="checkbox"/> Temporary water supply:	<input type="checkbox"/> Temporary utilities: <input type="checkbox"/> Other mitigation steps: (e.g., relocation, expedited shipping)
12. Provide documents supporting your business loss claim(s). Supporting documents may include, but are not limited to, business income statements identifying revenues and costs and tax returns.	
13. Provide any further information or explanation you would like to include regarding your business loss claim(s).	
IV. PERSONAL INCOME LOSS (LOST WAGES)	
1. Does your claim for lost wages relate to a physical injury that you sustained as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your claim for lost wages relate to damage to property in which you had a property interest at the time of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your claim for lost wages relate to evacuation and/or displacement as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your claim for lost wages relate to damage to your employer's property as a result of the Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Employer Information.	
Employer Name:	
Employer Address:	
Employer Telephone Number:	
Employer Identification Number (EIN):	
6. Employment Information.	
Employment Start Date:	
Employment End Date:	
Length of Time Out of Work:	
Total Lost Wages:	

7. Provide copies of pay statements for the three years prior to the Fire.			
8. Additional explanation. Please include below any further information or explanation regarding your lost wages claim.			
EMOTIONAL DISTRESS			
A. PROXIMITY TO THE FIRE			
1. Did you evacuate as a result of the Fire? If yes, please provide the date and time you received the evacuation notice and the date and time you evacuated.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of evacuation notice: 7/24/2021 Time of evacuation notice: 6 P.M. Date of evacuation: Time of evacuation:			
2. Location at the time Evacuation Notice Received	Street	Apt/Suite/Lot Number	
	City	State	Zip Code
	1532 Williams Valley rd. Greenville	CA	95947
3. Did you shelter-in-place as a result of the Fire?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Evacuation or Shelter-in-Place Address	Street	Apt/Suite/Lot Number	
	City	State	Zip Code
	Red Cross shelter Chester	CA	

5. Relationship to Evacuation or Shelter-in-Place Address	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input checked="" type="checkbox"/> Other <i>Red Cross</i>
---	---

6. Proximity to Fire. Please describe the closest you came to the Fire while evacuating or sheltering-in-place as a result of the Fire. *4 miles*

7. Did you suffer a physical injury or illness as a result of the Fire? If yes, please indicate injury type.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Injury Type: <i>depression / anxiety</i>
--	---

8. Did you receive counseling or medical treatment as a result of the Fire?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>not yet - see attached</i>
---	--

9. Family Members and Other Individuals. Please provide the information below for each family member or other individual who was with you as you evacuated or sheltered in place.

Name of Family Member/Other Individual	Relationship to you	Age of Family Member/ Other Individual	Did this Family Member suffer burns, smoke inhalation, serious physical injury or illness as a result of the Fire?	Were you physically present and did you witness any of these injuries to the Family Member/Other Individual?
<i>Michael Meuser</i>	<i>Spouse</i>	<i>76</i>	<input checked="" type="checkbox"/> Yes <i>smoke</i> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Michael Meuser</i>	<i>Spouse</i>	<i>76</i>	<input checked="" type="checkbox"/> Yes <i>smoke</i> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Clinton Meuser</i>	<i>Stepson</i>	<i>48</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. SUBSTANTIAL INTERFERENCE WITH USE OR ENJOYMENT OF PROPERTY				
1. Did you experience emotional distress or mental anguish from the loss of use or enjoyment of your property as a result of the Fire? <i>See our testaments</i>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Property Address at the time of the Fire	Street	Apt/Suite/Lot Number		
	City	State	Zip Code	
	<i>1532 & 1600 Williams Valley Rd Greenville</i>	<i>CA</i>	<i>95947</i>	
3. If real property, indicate your relationship to the property.			<input type="checkbox"/> Rent <input checked="" type="checkbox"/> Own <input type="checkbox"/> Other	
4. Did you reside full-time or more than half of the time at this property?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Were you displaced from this property as a result of the Fire? If yes, provide the date you were displaced. Date: <i>7/24/2021</i>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. If you answered yes to Question 5, have you resumed living at the property since you were displaced as a result of the Fire? If yes, provide the date you resumed living at the property. Date:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Did you lose sentimental or irreplaceable personal property in the Fire? If yes, please describe this personal property. <i>see inventory spreadsheets</i>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did you receive counseling or medical treatment as a result of your loss of use or substantial interference with the use or enjoyment of your property? If yes, provide the information in items (a) through (e) below. If no, please explain why: <i>See attached</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(a) Diagnosis you received				

(b) Treatment you received	
(c) Start Date of your treatment	
(d) End Date of treatment	
(e) Any medications prescribed	
VI. PERSONAL INJURY	
1. As a result of the Fire, did you suffer a personal injury for which you received medical treatment? In this context, personal injury means a physical bodily injury resulting from the Fire. If Yes, answer the questions below. Otherwise, skip to Section VII.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the injury require hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Injury Type:	4. Injury Date:
5. Medical Provider/Facility that treated the injury:	
6. Treatment StartDate:	7. Treatment End Date:
8. Description of Treatment:	
9. Narrative Statement: If desired, explain your recovery and how the injury has affected your life.	
10. Provide supporting documents, such as medical records, detailing your injury and treatment	

VII. OTHER OUT-OF-POCKET EXPENSES

Did you incur any other out-of-pocket expenses as a result of the Fire or displacement from the Fire that were not covered by insurance or other assistance (e.g., FEMA support, Wildfire Assistance Program payments)? If Yes, indicate the types and total amount of each for out-of-pocket expense. Otherwise, skip to Section VIII.

Description of out-of-pocket expense	Amount of expense
<i>yes- see attached</i>	<i>see attached</i>

Provide third-party records (e.g., receipts, medical bills) showing that one or more of the Claimants identified in Section I paid these expenses out of pocket.

VIII. OTHER DAMAGES

1. Is any Claimant identified in Section I claiming damages not specifically contemplated in any other section of the Claims Questionnaire? If so, answer Question 2. Otherwise, skip to Section IX.

Yes ?
 No ?

2. Briefly explain the nature of the claim(s) and requested compensation and provide supporting documents for each.

What could this be?

IX. MEDICAL INSURANCE INFORMATION

1. Do you or any family or household member included in Section III now have or did you or they previously have medical insurance that covers any injuries listed in Section VI? If yes, complete the questions below. Otherwise, skip to Section X.

Yes
 No

2. If you or any Claimant identified in Section II has enrolled in or has been entitled to receive benefits from any of the following federal healthcare programs, complete the table for the relevant program(s) below:

Claim Number	Enrollment Start	Enrollment End	Branch	Sponsor	Sponsor's SSN	Treating Facility	Tribe

3. If you or any Claimant identified in Section I was entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs not previously listed above, provide the following information.

Name of Plan/Entity Policyholder Name Policy Number Medical Condition Covered by Plan/Entity	

4. If you or any Claimant identified in Section I has received medical treatment for any physical injury, emotional distress, or mental health issue included in Sections V or VI that was covered by a Private Healthcare Insurance Plan or other form of payment, provide the following information for each such plan or entity. Include the complete name of the health plan (i.e., "BCBS of Illinois" and not "Blue Cross" or "BCBS").

Name of Plan/Entity Policyholder Name Policy Number Medical Condition Covered by Plan/Entity	

5. Have you or any Claimant identified in Section I lived in any state other than California since the Fire?

Yes No

If Yes, please provide the other state(s) of residence for each

*Wendi & Michael
part time occasional
at daughters home in
Gardnerville, NV*

X. OTHER INSURANCE INFORMATION

1. Did you submit an insurance claim for any property damage or business losses for which you are making a claim, on behalf of yourself or your business? If Yes, provide the following information for each category of insurance coverage, attaching additional sheets if necessary. Otherwise skip to Section XII.

Yes
 No

If you have multiple Loss Locations, submit additional pages answering the questions in this section for each Loss Location.

Name of Insurance Carrier: *American modern*

Insurance Policy Number: *100752790*

Insurance Claim Number: *0001080687*

Provide the claim file associated with the above insurance claim(s).

XII. OTHER ASSISTANCE

Has any Claimant identified in Section I received a Small Business Association (SBA) loan, support from the Federal Emergency Management Agency (FEMA), and /or a Wildfire Assistance Program payment)? If Yes, complete the following table indicating the type of support received, amount received, payment date, whether it has been repaid or when it is expected to be repaid. List all additional assistance received. Otherwise, skip to Section XIII.

Yes
 No

Assistance Source(I)	Entity Providing Assistance	Name of Recipient	Amount Received	Date Received	Purpose of Assistance	Assistance Requires Repayment?	Has it Already been Repaid?	Date of Repayment or Date Repayment is Due

XIII. BANKRUPTCY

1. Has any Claimant identified in Section I been a debtor in a bankruptcy proceeding that (a) commenced on or after the date of the Fire or (b) commenced before but remained open on the date of the Fire?

Yes
 No



2013-0005131

Recording Requested by:

ROBERT L. & SANDRA M. SULLENS

When recorded return to:

ROBERT L. & SANDRA M. SULLENS
206 WILLIAMS VALLEY ROAD
GREENVILLE, CA 95947

Recorded
Official Records
County of
Plumas
KATHY WILLIAMS
Clerk-Recorder

REC FEE 24.00

09:05AM 31-Jul-2013 | SC Page 1 of 4

SHORT FORM DEED OF TRUST

THIS DEED OF TRUST, made July 30, 2013, between MICHAEL R. MEUSER and HEIDI LOUISE WAKEFIELD AKA HEIDI L. MEUSER, husband and wife as Joint Tenants, herein called TRUSTOR, whose address is 206 Williams Valley Road, Greenville, CA 95947, HIGHLAND PARK HOME LOANS, herein called TRUSTEE, and ROBERT L. SULLENS and SANDRA M. SULLENS, husband and wife as JOINT TENANTS, herein called BENEFICIARY,

WITNESSETH: That Trustor IRREVOCABLY GRANTS, TRANSFERS AND ASSIGNS to TRUSTEE IN TRUST, WITH POWER OF SALE, that property in Plumas County, described as:

THAT PORTION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 27 NORTH, RANGE 9 EAST, M.D.M., ACCORDING TO THE OFFICIAL PLAT THEREOF, LYING EASTERLY OF THE CENTERLINE OF THE COUNTY ROAD.

APN: 004-280-006-000
Property Address: 1532 Williams Valley Road, Greenville, CA 95947

For the Purpose of Securing:

1. Performance of each agreement of Trustor incorporated by reference or contained herein.
2. Payment of the indebtedness evidenced by one Promissory Note of even date herewith, and any extension or renewal thereof, in the principal sum of **\$91,837.13** executed by Trustor in favor of Beneficiary or order.
3. Payment of such further sums as the then record owner of said property hereafter may borrow from Beneficiary, when evidenced by another note (or notes) reciting it is so secured.

INITIALS: HLW MMSS RLS



2015-0007382

Recording Requested By:

When recorded mail document to:

Heidi Wakefield Meuser
P.O. Box 37
Greenville, CA 95947

Recorded Official Records
County of Plumas
KATHY WILLIAMS
Clerk-Recorder

REC FEE 15.00
CONFORMED COPY 0.00

83:24PM 10-Nov-2015 JR Page 1 of 1

APN: 004-280-006-000

Above Space for Recorder's Use Only

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S) DOCUMENTARY TRANSFER TAX is \$ 0 exemption 11911 GIRT, LIENED TO FULL VALUE

- computed on full value of property conveyed, or
- computed on full value of items or encumbrances remaining at time of sale,
- Unincorporated area City of _____

FOR A FULL VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I
Michael R. Meuser

do (does) hereby remise, release and forever quitclaim to Heidi Wakefield Meuser

the following

described real property in the County of Plumas, State of California.

THAT PORTION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 27 NORTH, RANGE 9 EAST M.D.M. ACCORDING TO THE OFFICIAL PLAT THEREOF, LYING EASTERLY OF THE CENTERLINE OF THE COUNTY ROAD

Dated: November 4, 2015

[Signature]
Michael R. Meuser
Printed Name(s) of Grantor(s)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }
COUNTY OF Plumas }

On November 10, 2015 before me, Pamela Harris, Notary Public, personally appeared Michael R. Meuser who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Pamela Harris



MAIL TAX STATEMENTS TO PARTY SHOWN ON THE FOLLOWING LINE: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE.

Name _____ Street Address _____ City State & Zip _____



AMERICAN MODERN P&C INSURANCE
 P.O. Box 5323
 Cincinnati, OH 45201-5323
 1-800-543-2644

Date	September 2, 2021
Policy	100752790
Claim #	724955AA
Insured	MIKE MEUSER
Check #	0001080687
Loss Date	08/06/2021
Cause of Loss	Fire
Adjuster	Joseph Simon

Send To: MIKE MEUSER
 PO BOX 3225
 BOWMAN, CA 95604-3225

P

Please find enclosed payment which has been processed on the above referenced claim.

STATEMENT OF LOSS

Item	Gross Amount	Depreciation	Deductible	Prior Pymt	Over Limit(s)	Coinsurance	Total
Loss Amount <i>pcos prop</i>	27,500.00	0.00	0.00	0.00	0.00	0.00	27,500.00
Loss Amount <i>loss of use</i>	11,000.00	0.00	0.00	0.00	0.00	0.00	11,000.00
NET AMT PAID							38,500.00

Each Payee must endorse this check separately in order for it to be valid. Fire damage to your property that occurred on or about 08/06/2021. Payment is made under Personal Property Loss of Use Coverage(s). Claimant: MIKE MEUSER;

*NO,
8/14/21*

If you have any questions regarding payment, please contact: Joseph Simon 855-878-7920

*Picked up at mail box
 9/8/2021
 signed & deposited at
 Bank of the West*

Zain Motor LLC

3463 Florin Rd
Sacramento, CA 95823

DOWN PAYMENT RECEIPT

BUYER INFO

heidi wakefield
1532 williams valley road po bx 37
greenville, CA 95947
(530) 375-0106

VEHICLE INFO

2005 Dodge Ram 1500 Quad Cab
1D7HU18D45S356974
Stock No: 2093

PAYMENT INFO

Paid Date	9/19/2021
Paid Amount	\$12,384.00
Payment Method	Cash
Received By	Kevin Nafai

DEAL INFO

Deal No.	1114
Total Down Payment	\$12,384.00
Total Paid	\$12,384.00
Remaining Down Balance	\$0.00

*called mon 9/20/21
in asking for fax
report for us.*

*Dodge added to Allstate ins
9/20/21 over phone - Tiffany
Kernville, will send new
auto cards tomorrow.
(new rate incl track
pay due 10/14/21 167.85)*

Zain Motor LLC

3463 Florin Rd Sacramento, CA 95823

(916) 619-7222

*No registration or plates by 02/17/21
talked to salesman - he checked DMV
record - said DMV plates show
being mailed Friday (today?)
shd receive before too long - post office
Tuning*

10/01/2021

Received \$7,000 cash from
Heidi Wakefield, payment in
full for 1992 Coachmen Catalina
Travel trailer, license # 1D46637

X Spang Ward