

**UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA**

**DEMCHAK PARTNERS LIMITED )  
PARTNERSHIP; JAMES P. BURGER, JR. and )  
BARBARA H. BURGER; WILLIAM A. )  
BURKE, II and CLARA BURKE; WILLIAM A. )  
BURKE, III; EDWARD J. BURKE; DONALD )  
G. FULLER and KAREN M. FULLER; )  
RANDY K. HEMERLY; LAMAR R. KING; )  
LINDA J. SCHLICK; AND JANET C. YOUNG, )  
on Behalf of Themselves and All Others )  
Similarly Situated, )**

**Plaintiffs, )**

**v. )**

**Case No. 13-cv-2289**

**CHESAPEAKE APPALACHIA, )  
L.L.C., )**

**Defendant. )**

**CLASS ACTION SETTLEMENT  
HEIRSHIP/BENEFICIARY INFORMATION FORM**

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The information in this form is solicited to assist the Settlement Administrator in the allocation and distribution of monies attributable to the interests of persons included in the Settlement Class definition who are now deceased (“Deceased Class Members”). If you are an heir or beneficiary of a Deceased Class Member and thereby believe you are entitled to receive all, or some portion, of the Settlement Payment allocable to a Deceased Class Member under the Settlement Agreement's Plan of Allocation, then you are requested to provide the information set forth below. Please sign, notarize and mail the completed form in a postage-prepaid envelope, to the Settlement Administrator listed below, postmarked no later than **December 17, 2015**.

**You should send your completed form to**

**Chesapeake MEC Royalties Settlement Administrator  
Attn: Beneficiary Claims  
1801 Market Street, Suite 660  
Philadelphia, PA 19103**

If you have any questions about this form, please write the Settlement Administrator at the address above, email the Settlement Administrator at [ChesapeakeSettlement@angeiongroup.com](mailto:ChesapeakeSettlement@angeiongroup.com), or call the Settlement Administrator at 1-855-465-0343. Additional blank forms are available for download at [www.ChesapeakePAGasRoyaltySettlement.com](http://www.ChesapeakePAGasRoyaltySettlement.com).

The Heirship Form is requested as an aid to the Settlement Administrator in the distribution of the Settlement Payment, but shall not constitute a required proof of claim form. In the absence of an Heirship Form, the Settlement Administrator may, but is not required to review records in Defendant’s possession, including division orders, transfer orders, probate records, payment records, and like documents, in an attempt to reasonably allocate and distribute Settlement Payment monies attributable to a Deceased Class Member’s interests, to the person, or persons, who received Royalty payments from the Producers as a successor-in-interest to the Deceased Class Member in the ordinary course of business. The Settlement Administrator may also allocate and distribute Settlement Payment monies attributable to a Deceased Class Member’s interests to the estate of the Deceased Class Member, with any such payment to be made payable to the estate of the Deceased Class Member and sent to such mailing address for the estate as may be readily ascertainable by the Settlement Administrator.

**Requested Information**

A. Provide the following information about the person submitting this form:

1. Current Name:

\_\_\_\_\_

2. Any different name under which you may have received gas royalty payments from Chesapeake:

\_\_\_\_\_

3. Current Address

Address 1:

\_\_\_\_\_

Address 2:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Current Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

B. Provide the following information about the Deceased Class Member to whom this Heirship Form pertains:

1. Name:

\_\_\_\_\_

2. The approximate date of the Deceased Class Member’s death: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Identify each oil and gas lease under which the Deceased Class Member received royalty payments on gas produced by Chesapeake (if you know).

|              |              |
|--------------|--------------|
| Lease: _____ | Lease: _____ |
| Lease: _____ | Lease: _____ |
| Lease: _____ | Lease: _____ |
| Lease: _____ | Lease: _____ |

C. List the name and address of each person and/or entity who is an heir or beneficiary of the Deceased Class Member and succeeded to the Deceased Class Member's mineral or royalty interests and specify the fractional share (e.g., 1/2, 1/3, etc.) of the Deceased Class Member's interests to which each such person or entity succeeded:

|             |                   |
|-------------|-------------------|
| Name: _____ | Percentage: _____ |
| Name: _____ | Percentage: _____ |
| Name: _____ | Percentage: _____ |
| Name: _____ | Percentage: _____ |
| Name: _____ | Percentage: _____ |

D. Attach copies of documentation, such as probate documents, transfer orders, division orders, and like documents, which evidence that the undersigned and the persons identified in paragraph C, above, succeeded to the Deceased Class Member's interests.

Your signature on this Heirship Form constitutes a representation that the information contained in this form and the documents provided with the form, are true and correct, to the best of your knowledge, information, or belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for said County, personally appeared \_\_\_\_\_, who acknowledged that he/she/they did sign the foregoing document and that it is their act and deed.

My commission expires \_\_\_\_\_

Signature / Notary Public \_\_\_\_\_

Name / Notary Public \_\_\_\_\_