



FREQUENTLY ASKED QUESTIONS

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I. Basic Information

1. What is the Fire Victim Trust?

Following the Northern California wildfires in 2015 to 2018, PG&E Corporation and Pacific Gas and Electric Company jointly filed for Chapter 11 bankruptcy protection in the United States Bankruptcy Court for the Northern District of California (the “Court”) on January 29, 2019 (*In re PG&E Corporation and Pacific Gas and Electric Company*, Bankruptcy Case No. 19-30088). The Debtors’ Plan of Reorganization under Chapter 11 of the United States Bankruptcy Code was confirmed by the Bankruptcy Court for the Northern District of California on June 20, 2020, Case No. 19-30088, Docket No. 8053 (available [here](#)). The Plan became effective and the Fire Victim Trust was formed on July 1, 2020.

The Fire Victim Trust evaluates, administers, processes and resolves eligible Claims arising from the 2015 Butte Fire, 2017 North Bay Fires, and 2018 Camp Fire. Under the direction of the Trustee, Cathy Yanni, and Claims Administrator, David Agretelis, the Fire Victim Trust provides an efficient and equitable process to review claims and compensate Fire Victims for both economic and non-economic damages caused by these Fires, including destruction or damage to real estate and personal property, additional living expenses, lost wages, business losses, personal injury or death and related medical expenses, and emotional distress.

2. What fires are included in the Fire Victim Trust?

The Fire Victim Trust will administer Claims related to the following fires (the “Included Fires” or “Fires”):

(a) Butte Fire (2015)

(b) North Bay Wildfires (2017)

- (1) 37
- (2) Adobe
- (3) Atlas
- (4) Blue
- (5) Cascade
- (6) Cherokee
- (7) Honey
- (8) LaPorte
- (9) Lobo
- (10) Maacama/Youngs
- (11) McCourtney
- (12) Norrbom
- (13) Nuns
- (14) Partrick

- (15) Pocket
- (16) Point
- (17) Pressley
- (18) Pythian/Oakmont
- (19) Redwood/Potter Valley
- (20) Sullivan
- (21) Sulphur
- (22) Tubbs

(c) Camp Fire (2018)

Any Claims unrelated to the Included Fires are ineligible for compensation from the Trust.

3. Who can submit a claim to the Fire Victim Trust?

To be eligible to receive compensation from the Trust, a Claimant must: (1) have a Claim related to an Included Fire; (2) have timely filed a Proof of Claim (*i.e.*, have filed a Proof of Claim with the Bankruptcy Court by December 31, 2019); and (3) submit supporting documentation outlined in Section II of the Claims Resolution Procedures or as required by the Claims Administrator (“Supporting Documents”). Upon submission of the Supporting Documents, the Trust will review each Claim and apply California law or, if applicable, other non-bankruptcy law to determine the Approved Amount of the Claim, including all recoverable damages and costs.

4. Who is the Trustee?

Cathy Yanni became Trustee of the Fire Victim Trust effective July 1, 2022. In her previous role as Claims Administrator, Yanni assisted the former Trustee, the Honorable John K. Trotter (ret.), in Trust oversight, and she directly oversaw all Fire Victim claims resolution, including design and implementation of the claims resolution process, from establishing eligibility requirements and claims review procedures to ensuring that funds are distributed in a fair and equitable manner. Yanni also served PG&E Fire Victims as the Administrator of the Wildfire Assistance Program. Previous to her work on behalf of PG&E Fire Victims, Yanni settled tens of thousands of cases, facilitated distribution of billions of dollars in settlement funds to Claimants, and oversaw multiple claims reconciliation processes. She has been a Court Appointed Special Master and/or Mediator in numerous cases involving wildfires, mass torts, and class actions. In addition to being appointed as an appeal panelist in the Takata Airbag Tort Compensation Trust Fund established in the TK Holdings Inc. bankruptcy case, she has been appointed as an Administrator, Special Master, or Mediator in thousands of other cases. She also worked with Justice Trotter to formulate a resolution program for the 2007 San Diego fire cases, ultimately acting as mediator and arbitrator for the program. Click [here](#) to learn more about Cathy Yanni.

5. Who is the Claims Administrator?

In his role as Claims Administrator, David Agretelis oversees all Fire Victim claims resolution and ensures that funds are distributed in a fair and equitable manner. He also was instrumental in designing and implementing the Fire Victim Trust's claims resolution process and eligibility requirements and served Fire Victims as the Assistant Administrator of the Wildfire Assistance Program. Previous to his work on behalf of Fire Victims, Agretelis worked on numerous nationwide mass tort and inventory settlements. His work on those programs included claims administration, settlement fund allocation methodology and implementation, and database design and management. Agretelis also previously worked as consultant for a national lien resolution firm, and he has played an instrumental role in negotiating and overseeing the Fire Victim Trust's medical lien resolution program.

6. Who are the Neutrals?

The Trustee has appointed a panel of Neutrals experienced in the resolution of wildfire claims and related matters to assist in resolving issues relating to the liquidation and resolution settlement of Fire Victim Claims. The Trustee has designated certain specially-qualified Neutrals to consider large, complex, and/or sensitive Fire Victim Claims. The Neutrals also consider appeals from Claimants who dispute their Claims Determinations.

7. Who is the Special Master?

The Court approved the Honorable Ellen Sickles James (Ret.) as the Special Master to review and approve any and all claims submitted to the Fire Victim Trust on behalf of "Protected Persons," referring to minors and incapacitated adults. Having retired from the California Superior Court in 1997, she joined JAMS and became known for her exceptional settlement skills, earning the reputation of having a dedicated, compassionate and creative command. As a Superior Court Judge and in prior Special Master assignments, she presided over scores of litigation matters involving claims asserted on behalf of minors. Special Master James is fully familiar with state law requirements and practice regarding review of minors' settlements, restrictions on the payment of attorneys' fees, costs and expenses from the proceeds of litigation involving minors and the handling of funds belonging to minors. Special Master James' fifty years of legal experience, including her career as a California Superior Court judge and subsequent career as a mediator, arbitrator Judge Pro-Tem and Special Master have made her well-qualified to resolve issues that arise in litigation involving minors and persons with disabilities. Click [here](#) to learn more about Special Master James' appointment.

8. Who is the Claims Processor?

The Fire Victim Trust retained the law firm [BrownGreer PLC](#) as Claims Processor to assist the Trustee and the Claims Administrator to process Fire Victim Claims in a fair, consistent, equitable and *pro rata* manner as mandated by the Fire Victim Trust Agreement and the order of the Bankruptcy Court. BrownGreer is a premier settlement administrator with more than 25 years' experience assisting clients with the legal and administrative aspects of the design, approval, and implementation of settlement protocols and claims facilities required to resolve mass claims in settlements arising from class actions, multidistrict litigation, bankruptcy proceedings, government enforcement actions, and other aggregation vehicles.

9. What is the Trust Oversight Committee?

The Trust Oversight Committee ("TOC") is an oversight committee selected and appointed by the Consenting Fire Claimant Professionals and the Tort Claimants Committee to oversee the Fire Victim Trust and represent the interests of Fire Victim Claimants. The TOC members are:

- Amy Bach, Esq. | United Policyholders
- Douglas Boxer, Esq. | Law Office of Douglas Boxer
- Elizabeth Cabraser, Esq. | Lieff Cabraser Heimann & Bernstein, LLP
- Michael Kelly, Esq. | Walkup, Melodia, Kelly & Schoenberger
- Frank M. Pitre, Esq. | Cotchett, Pitre & McCarthy, LLP
- Amanda L. Riddle, Esq. | Corey, Luzaich, de Ghetaldi & Riddle LLP
- Bill Robins, Esq. | Robins Cloud LLP
- Gerald Singleton, Esq. | Singleton Law Firm
- Steven J. Skikos, Esq. | Skikos, Crawford, Skikos & Joseph, LLP

10. When does the Claim filing period begin?

The Trust began accepting Claims information and supporting documents on the Fire Victim Trust [Portal](#) on July 1, 2020. The Claims Questionnaire has been available on the Portal since August 17, 2020.

11. If I did not file a Proof of Claim by December 31, 2019, can I still get compensation from the Trust?

All Claimants must have filed a Proof of Claim for their claims or those of their family in the Bankruptcy Cases (*i.e.*, the cases filed in the United States Bankruptcy Court for the Northern District of California known as *In re PG&E Corporation et al*, Debtors, Jointly Administered Case No. 19-30088) on or before December 31, 2019, which was the extended Bar Date for Fire Victim Claimants. Claims that were not timely submitted to the Bankruptcy Cases are ineligible for compensation from the Trust, unless the Claimant (a) obtains relief from the Bankruptcy Court to file a late Claim, and (b) within 30 days after the Bankruptcy Court order allowing such late filing (i) files the Claim in the Chapter 11 Cases and (ii) submits such Claim to the Trust. The Trust has the right to object to Proofs of Claim filed after the extended Bar Date and, even if the Court deems a Proof of Claim timely, the Trust may ultimately deny the related claims in its application of the Claims Resolution Procedures and Eligibility Criteria. Additionally, Proof of Claim that have been disallowed or that have been withdrawn from the Claims Register in the Chapter 11 Cases are ineligible for compensation from the Trust.

12. If I filed a Proof of Claim and need to make corrections, should I file a new or amended Proof of Claim?

If you previously filed or were included as a family member in a filed Proof of Claim, you do not need to file a new or amended Proof of Claim to update the information about your claim. Instead, you or your lawyer should contact the Trust to submit revised information, including changes in contact information and/or attorney representation. If you need to revise or clarify substantive claims information including the Fire, loss location address, and/or damages claimed, you will have an opportunity to do so when submitting your Claims Questionnaire to the Trust.

13. If I filed a Proof of Claim, how do I add or substitute a Claimant?

To preserve Trust resources and efficiently assist Fire Victims to add or substitute a Claimant, the Claims Administrator established a Procedure to avoid the filing of certain new or amended Proofs of Claim or motion practice. To request the addition or substitution of a Claimant, complete the Add or Substitute Claimant Form available [here](#) and email the completed form to info@firevictimtrust.com. The Claims Processor will seek approval and inform you of the final determination. If the Claims Administrator approves your request, the new Claimant will relate back to the original Proof of Claim filing.

Examples of permissible additions and substitutions may include:

- (a) Adding a family or household member who was not listed on the original Proof of Claim. For example, you are a parent adding a minor child.

(b) Substituting a Claimant because a beneficiary was named on the Proof of Claim rather than the owner. For example, you are adding a trust to replace a trust beneficiary named on the Proof of Claim.

(c) Adding a new Claimant based on a permissible transfer of claim.

If the Claims Administrator denies your request, the new Claimant will be ineligible for compensation from the Trust, unless the Claimant (a) obtains relief from the Bankruptcy Court to file a late Claim, and (b) within 30 days after the Bankruptcy Court order allowing such late filing (i) files the Claim in the Chapter 11 Cases and (ii) submits such Claim to the Trust. The Trust has the right to object to Proofs of Claim filed after the extended Bar Date and, even if the Court deems a Proof of Claim timely, the Trust may ultimately deny the related claims in its application of the Claims Resolution Procedures and Eligibility Criteria.

14. Are there any tools on the Trust Website to help me understand the Claims Resolution Procedures and how to make a claim?

Yes. The Claims Administrator created several tools with information that may be helpful to you. Some of these tools are also referenced in other FAQs. There also are a Portal User Manual and a Quick Start Guide available in the Support section when you log into your [Portal](#).

15. How do I get more information about the Fire Victim Trust?

These FAQs summarize the Fire Victim Trust Agreement and Claims Resolution Procedures. Click [here](#) to read the entire Trust Agreement and all Exhibits. You also may call (1-888-664-1152) or email (info@firevictimtrust.com) the Claims Administrator for more information.

16. How can I get general information and program statistics?

The Trust publishes updated program statistics on its public website twice monthly. Since beginning her role as Trustee, Cathy Yanni has consistently pledged to regularly inform Fire Victims about progress. In addition to general statistics, she has posted letters, statements, and videos on the FVT website each month. Please visit www.firevictimtrust.com for more information.

17. How can I get information about my claims?

If you are an unrepresented Claimant, you must log into your secure Portal ([here](#)) to submit a Claims Questionnaire and supporting documents and receive updates about your claims, including Deficiency and Determination Notices. The Portal also includes Eligibility Criteria and other information to assist you.

If you are represented by a lawyer, your lawyer will use their law firm Portal to submit your Claims Questionnaire and supporting documents and receive updates about your

claims, including Deficiency and Determination Notices and will communicate these updates to you. You will not have a separate Portal for claims management and will need to discuss your claims status with your lawyer.

18. What are the Fire Victim Trust's disclosure obligations?

Pursuant to order of the Bankruptcy Court, the Fire Victim Trust must file with the Bankruptcy Court an Annual Report containing its financial statements which must be audited by an independent accounting firm. The Fire Victim Trust has retained an independent accounting firm for this purpose. In addition, the Fire Victim Trust must file with the Bankruptcy Court a Claims Report containing a summary of the number and types of claims disposed of during the period covered by the financial statements. These reports must be filed within 120 days after the close of the year. The Annual Report and the Claims Report will be posted on the Fire Victim Trust website when filed with the Bankruptcy Court.

19. What is the Trust's policy on the production of Claims Information in response to a subpoena or other legal process?

The Claims Processor is responsible for responding to any Legal Process addressed to the Trust. The Claims Processor will provide notice to the subject Claimant that the Trust received Legal Process. The Claimant will be allowed seven days from the date of the notice to object to the Legal Process or such shorter time as may be necessary for the Trust to comply with it, which shall be specified in the notice. If the Claimant objects to production of the information, the Claimant must send an objection to the Trust at the address and in the method specified in the notice and shall include a copy of the action filed with the issuing court to oppose the Legal Process. If the Claimant does not timely object to the Legal Process, the Trust will produce the requested Claims Information.

20. How do I report potential fraud to the Claims Administrator?

If you suspect or know of potential fraud concerning the Fire Victim Trust, you can report it by clicking [here](#) and using the online form created by the Claims Administrator. You also may call (1-888-664-1152) or email (info@firevictimtrust.com) to report potential fraud.

You can report the potentially fraudulent activity anonymously and confidentially, regardless of the method you choose. If you provide the Claims Administrator with your contact information, the Claims Administrator will keep your information confidential to the extent possible.

When reporting potential fraud, include as many details as possible so the Claims Administrator can fully investigate the activity, such as when the activity occurred, who was involved, how you know about the activity, and whether any other person(s) may have information about the activity.

21. What if my situation or circumstances are not covered by these FAQs?

If an issue arises that these FAQs do not address, the Claims Administrator will consider the facts on a case-by-case basis to determine the appropriate course of action, including whether to adopt a new FAQ to address the issue. Not every question can be anticipated in advance. Also, the Trustee and Claims Administrator have the discretion to interpret and apply the rules and policies in these FAQs to follow best practices for the Trust, which may require flexibility in certain situations. Contact the Claims Administrator by phone (1-888-664-1152) or email (info@firevictimtrust.com) if you have a question that is not covered in these FAQs.

II. Claimant Demographic Information

22. How do I change my mailing address?

After logging in to your Portal on the Fire Victim Trust website, open the Claimant Details screen for the Claimant whose address you wish to update. Click the Edit Claimant Details and update the Current Mailing Address to update your mailing address.

23. Do I have to provide my Taxpayer Identification Number to the Trust?

Yes. Section V. of the Fire Victim Claims Resolution Procedures requires that Claimants provide the Trust with sufficient information to verify their identity as part of their Claims Questionnaire. Using a Claimant's Taxpayer Identification Number ("TIN") allows the Trust to (1) verify that each Claimant provides his or her actual name and TIN; (2) prevent a Claimant from inadvertently or intentionally using a different person's name and/or TIN; (3) avoid processing or paying a claim for a fictitious person; and (4) avoid paying a Claimant for the same injuries or damages more than once.

24. How do I add or change the Claimant name or Social Security Number (or other Taxpayer Identification Number) that I provided to the Trust?

After logging in to your Portal on the Fire Victim Trust website, open the Claimant Details screen for the Claimant whose information you need to update. Click the Edit Claimant Details button and add or update the information (e.g., Claimant name, Taxpayer Identification Number). You will be able to add or update the information until you submit a Claims Questionnaire.

After you submit a Claims Questionnaire, or after one is submitted on your behalf, you must contact the Claims Administrator to request any corrections to your name or Taxpayer Identification Number.

25. What happens if you can't verify my Taxpayer Identification Number?

If we can verify your Taxpayer Identification Number (“TIN”) through our own research, then we will not ask you to provide any further information or documents about your TIN. In a small percentage of circumstances, we will not be able to verify a TIN, often because of typographical errors or because the name associated with the TIN is different from the name you provided.

If we are unable to verify your TIN, we will request additional information depending on the type of TIN you have provided:

(a) Social Security Number (“SSN”). If you are using an SSN, and we cannot verify your information, we will ask you to provide any of the following information:

- (1) A legible copy of your Social Security Card from the Social Security Administration that displays your name and SSN. If you do not have a copy of your SSN card, you can get a new card by visiting <https://www.ssa.gov/myaccount/replacement-card.html> or by calling 1-800-772-1213; or
- (2) Any other official documents issued by the Social Security Administration bearing your SSN.

Instead of providing documents from the SSA, you may mail us a completed, signed and dated SSA-89 Consent Form authorizing us to contact the SSA directly to verify your SSN. The SSA requires your consent before it will release information about your SSN; the notice we issue to you will contain a copy of the SSA-89 Consent Form that you must complete and sign to consent to the release of information from the SSA. If you do not fill out the form completely, we will be unable to confirm your SSN with the SSA. **If you choose to submit a completed SSA-89 Form so that we can contact the SSA directly, you must mail us the original, signed copy of the SSA-89 Form by either of these methods:**

Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260

Delivery: By overnight carrier to the Fire Victim Trust, c/o BrownGreer PLC, 250 Rocketts Way, Richmond, VA 23231.

(b) Individual Taxpayer Identification Number (“ITIN”). If you are using an ITIN, and we cannot verify your information, we will ask you to provide a legible copy of your ITIN Assignment Letter from the IRS that displays your name and ITIN. If you do not have a copy of your ITIN Assignment Letter from the IRS, you can request a replacement letter by calling the IRS at 1-800-829-1040.

(c) Employer Identification Number (“EIN”). If you are using an EIN, and we cannot verify your information, we will ask you to provide a legible copy of your EIN Assignment Letter from the IRS that displays your name and EIN. If you do not have a copy of your EIN Assignment Letter from the IRS, you can request a replacement by calling the IRS Business and Specialty Tax Line at 1-800-829-4933.

(d) Foreign ID Number. Individual Claimants who do not have an SSN or ITIN can provide the Trust with a Foreign ID Number, which should be a unique identifier assigned by your country of origin. If you use a Foreign ID Number, you must provide documents corroborating the Foreign ID Number and confirming the country that issued it.

You will not need to provide any of these documents unless and until we notify you that we have been unable to verify your TIN. If you have received such a notice from us and have submitted documents in response, we will review your submission and will notify you if we need additional information.

26. How did the Claims Administrator identify the Fire Victims included as Claimants in the Trust?

The Trust relied on data reported by Prime Clerk (now Kroll), the claims and noticing agent in the Bankruptcy Cases. The Claims Administrator continues coordinating with Kroll and PG&E to confirm which claims are channeled to the Trust and will add new or update existing Claimants in the Fire Victim Trust Portal on an as-needed basis. If you have questions about inclusion of a specific Claimant in your Portal, email the Trust at info@firevictimtrust.com and include the Proof of Claim Number appearing on the Kroll Bankruptcy register ([here](#)) in your email.

27. Where did the Claims Administrator get my contact information?

The Claims Administrator obtained your contact information from the Notice Party data in Question 4 of the Proof of Claim form you filed.

28. Where did the Claims Administrator get information about my family and/or household members?

The Claims Administrator obtained information about your family and/or household members from Question 3 of the Proof of Claim form you filed.

29. Where did the Claims Administrator get information about my Loss Location?

The Claims Administrator obtained information about your Loss Location from Question 8 of the Proof of Claim form you filed.

30. My Loss Location is incorrect. How do I update my Loss Location?

You cannot change an existing Loss Location. However, you can remove an incorrect Loss Location and add a new Loss Location with the correct address.

After logging in to your Portal on the Fire Victim Trust website, open the Claimant Details screen for the Claimant whose Loss Location you need to update. In the Loss Location Information section, click the Add Loss Location button to add a new address or click the red trashcan next to an existing, incorrect address to delete it.

31. My Portal shows the same Claimant twice. How do I correct this?

If you previously submitted information for the same Claimant more than once, you may see multiple entries for that Claimant in the Plaintiff Information Used to Create Claimant section of the Claimant Details screen. If your Portal shows the same Claimant twice, the Claims Administrator can merge the data to create one unique Claimant. If the Claimants should be merged, click the Confirm button and provide any necessary comments. If the Claimants should be separate records in our system, click the Contest button and provide the details to verify that the Claimants are separate and unique individuals or entities. Afterwards, the Claims Administrator will contact you with any questions and to confirm resolution.

III. Fire Victim Claims – Generally

32. What types of claims will the Fire Victim Trust consider?

The Claims Resolution Procedures (available [here](#)) outline seven types of claims that Fire Victims can submit: (1) Real Property, (2) Personal Property, (3) Personal Income Loss, (4) Business Loss, (5) Other Out-of-Pocket Expenses, (6) Wrongful Death and Personal Injury, and (7) Emotional Distress. In addition to these categories, the Trust will review all other submitted claims and consider all damages and costs recoverable under California law or, if applicable, other non-bankruptcy law.

33. May I sell or assign my Fire Victim Claim?

A claim that was sold or assigned before June 20, 2020 will be recognized and processed as if the assignee was the original holder of the claim. Otherwise, subject to certain limited exceptions, the [Order Confirming the Plan of Reorganization](#) and the [Trust Agreement](#) prohibit the sale or assignment of a Fire Victim Claim from and after June 20, 2020.

The exceptions to the prohibition on sale or assignment are:

- (a) Claims transferred by will or by intestate succession upon the death of the Fire Victim;
- (b) Claims transferred by operation of law; and
- (c) Claims transferred by a Fire Victim to its successor by merger, consolidation or by purchase of substantially all the assets of the Fire Victim.

34. Do I need to complete a new form to submit my claims to the Fire Victim Trust?

Yes. Claimants must submit a Claims Questionnaire, which will include sections for you to provide or update demographic information and information about your claim(s). You can complete the Claims Questionnaire and upload supporting documents by logging into your online Portal.

35. What is the deadline to submit a Claims Questionnaire?

The deadline to submit a Claims Questionnaire was February 26, 2021.

36. How do I sign a completed Claims Questionnaire in my Portal?

If you are a lawyer:

In the Signature module of the Claims Questionnaire, follow the instructions to email each client to provide an electronic signature. All Claimants must have a signature before the Claims Questionnaire can be submitted to the Fire Victim Trust for processing. Click the Send button to enter the client's email address and you may use the same email address multiple times.

If you are a Claimant who is not represented by a lawyer:

In the Signature module of the Claims Questionnaire, click the E-Sign button next to each Claimant's name to provide an electronic signature. All Claimants must have a signature before the Claims Questionnaire can be submitted to the Fire Victim Trust for processing.

37. What happens if a Fire Victim submitted a Proof of Claim on or before 12/31/19 but died before submitting a Claims Questionnaire?

If a Fire Victim executed a Proof of Claim in the Bankruptcy Cases on or before 12/31/19 and subsequently died, the Trust will consider his or her claims preserved and, if properly submitted by the deceased Fire Victim's estate or survivors, will evaluate the claims for potential eligibility. Similarly, if a Fire Victim filed a lawsuit against PG&E and died while the lawsuit still was pending and the estate or survivors submitted a Proof of Claim in the Bankruptcy Cases on or before 12/31/19, the Trust will consider the Fire Victim's claims preserved and, if properly submitted by the deceased Fire Victim's estate or survivors, will evaluate the claims for potential eligibility. You do not need to amend the Proof of Claim to substitute a Claimant's estate or survivors to ensure eligibility for these claims. Instead, if you have not already identified a Legal Representative for the decedent, you may add a Legal Representative in the Edit Claimant Details section on your Portal.

38. Which Fire Victims need a Representative to act on their behalf, and what does the Representative do?

Fire Victims that are a trust or business must identify an **Authorized Representative**. Fire Victims who are minors, deceased/estate, or incapacitated adults must identify a **Legal Representative** (*see* Section IV. Deceased, Minor, and Incapacitated Claimants). Representatives act on the Fire Victims' behalf, including accepting any offer, signing Releases, and receiving payment.

39. How do I add an Authorized Representative for a Fire Victim who is a trust or business?

You must identify an Authorized Representative for all Claimants who are a trust or business. You can add an Authorized Representative through the Claimant Details Screen on your Portal. Click the Edit Claimant Details button, then select the appropriate Claimant Type from the dropdown menu. The option to Add Representative will become available.

40. Who may act as Authorized Representative for a Claimant that is a trust, and what documents must they submit to the Fire Victim Trust to support their authority?

To support their authority to act as Authorized Representative to a Claimant that is a trust—including accepting any offer, signing Releases, and receiving payment—a party must (1) be a trustee of that trust, and (2) submit trust documents showing as such, which may include the signed trust instrument, Grant Deed naming the trustees and the trust, or a certification of trust. If none of these documents can be produced, please contact the Claims Processor.

41. Who may act as an Authorized Representative for a business entity, and what documents must they submit to the Fire Victim Trust to support their authority?

A single owner or other duly authorized agent may act as Authorized Representative for a Claimant that is a business entity—including accepting any offer, signing Releases, and receiving payment. The type of documents required to support a party’s authority to act on behalf of the business entity Claimant depends on the party’s relationship to the business entity Claimant, but can include the following:

- (a) Articles of Incorporation
- (b) Articles of Organization
- (c) Certificate of Organization
- (d) Bylaws
- (e) Operating Agreements
- (f) Corporate Resolutions
- (g) Shareholder Lists
- (h) Partnership Agreements
- (i) An EIN Assignment Letter from the IRS addressed to a “responsible party,” [as defined by the IRS](#), for the business entity
- (j) Other documents to support legal ownership

42. Who may sign the Claims Questionnaire on behalf of a business with multiple owners?

A single owner or other duly authorized agent may sign the Claims Questionnaire on behalf of a business. The Signature section of the Claims Questionnaire contains language by which the signer declares under penalty of perjury that he/she is authorized to sign on behalf of the business.

43. Can I amend a Claims Questionnaire or continue to upload documents to support my claim(s) after I have submitted a final claims package?

Yes, you can amend a Claims Questionnaire and continue to upload supporting documents after submitting a claims package. The Claims Processor will lock a submitted Claims Questionnaire on the Portal once a claim proceeds to the review phase. If you would like to amend existing data or claims information that appears on a Claims Questionnaire, you can upload correspondence to the Portal reflecting your edits. If you would like to assert a new claim that does not already appear on a previously submitted Claims Questionnaire, you can complete a new Claims Questionnaire for that claim on the Portal. You will have the ability to upload documents throughout the course of the administration of the Trust.

44. Will the Trust review all claims data and supporting documents from Claimants?

The Trust will evaluate all Claims Questionnaires, any supporting documents that Claimants upload, and publicly available data to make award determinations.

45. How will the Trust treat claims data that is not easily verifiable?

The Trust will review supporting documents and request additional information if necessary. Also, each Claimant must sign the Claims Questionnaire under the penalty of perjury.

46. How will the Trust process documentary support or Claimant-generated valuations where a modeled claim valuation already exists?

The Trust will consider Claimant-submitted valuations. All award determinations will be based on supporting records and publicly available data.

47. What is an audit?

Under Section X of the Claims Resolution Procedures, the Trust audits claims to detect and prevent fraud. The Trust may randomly or selectively identify claims for audit to verify supporting documentation submitted (including death certificates, medical and other records) and request that a Claimant provide additional records or information. The Trust may deny a claim if it determines that the claim is fraudulent or a Claimant refuses or fails to respond to requests for records or information.

48. How will the Trust determine that a claim is fraudulent?

The Trust may determine that a claim is fraudulent if there exists any evidence of the misrepresentation, omission, or concealment of a fact material to the evaluation of the claim. A fact is material if it did affect or has the potential to affect whether the Claimant qualifies for any compensation under the Trust Agreement and Claims Resolution Procedures.

49. Why did I receive a Notice of Audit of Claim?

Your claim is in audit under Section X of the Claims Resolution Procedures. The Notice of Audit of Claim may list records or information you need to provide to complete the audit. Submit the records or information requested by the deadline at the top of the notice.

IV. Deceased, Minor, and Incapacitated Claimants

50. How do I add a Representative Claimant for a Fire Victim who is a minor or has become deceased or incapacitated?

You must identify a Legal Representative for all Claimants who are currently a minor, an incapacitated adult, or deceased. You can add a Representative Claimant through the Claimant Details Screen on your Portal. Click the Edit Claimant Details button, then select the appropriate Individual Claimant Type from the dropdown menu. The option to Add Representative will become available, as will date of death, when appropriate.

51. Who is considered a Minor Claimant?

Minor Claimant means an individual Fire Victim who is under 18 years of age and has not been emancipated by a court declaration of emancipation. We consider the Claimant's age at the date of signing of each document (*i.e.*, the Claims Questionnaire or Release) or at the time of payment, not on the date of the Fire or related damage or injury. This means that if a Minor Claimant reaches the age of majority (turns 18) during the pendency of their claim, the parent, guardian, or guardian *ad litem* is no longer their Legal Representative. Instead, the Claimant will act on his or her own behalf from that time forward.

52. Who may act as Legal Representative for a Minor Claimant, and what documents must they submit to the Trust to support their authority?

A parent, guardian, or guardian *ad litem* of a minor child may act as Legal Representative for a Minor Claimant. The type of document required to support a party's authority to act as Legal Representative to a Minor Claimant—including accepting any offer, signing Releases, and receiving payment—depends on the party's relation to the Claimant, but can include the following:

- (a) Birth Certificate or Baptismal Certificate.** A birth certificate or baptismal certificate identifying the Legal Representative as parent of the Minor Claimant.
- (b) Custody or Adoption Records.** A copy of an adoption or custody order or similar custody records identifying the Legal Representative as parent or legal custodian of the Minor Claimant.
- (c) Local Court Appointment.** A copy of a court order, letters of guardianship, letters of conservatorship, certification, or other document issued by a court or other appropriate official and appointing the Legal Representative as guardian, conservator, curator, personal representative, or other position with authority to act on behalf of the Minor Claimant.

(d) Legal Representative Declaration. A completed copy of Legal Representative Declaration (available [here](#)) supporting their authority to act on behalf of a Minor Claimant.

(e) Additional Legal Representative Proof Documents. Additional documents may be accepted as Legal Representative Proof Documents only if the Special Master approves or as authorized by the District Court.

53. When is a Guardian *ad litem* required?

If a Minor Claimant or Incapacitated Claimant is not represented by counsel, a guardian *ad litem* must be appointed to act on the Claimant's behalf. Click [here](#) to access the fillable PDF guardian *ad litem* form.

54. Who may act as Legal Representative for a deceased/estate Claimant, and what documents must they submit to the Trust to support their authority?

An executor or administrator of the decedent's estate or, if none has been appointed, the decedent's successor-in-interest may act as Legal Representative for a deceased/estate Claimant. The type of document required to support a party's authority to act as Legal Representative to a deceased/estate Claimant—including accepting any offer, signing Releases, and receiving payment—depends on the party's relation to the Claimant, but can include the following:

(a) Local Court Appointment. Documents supporting that the Legal Representative has been ordered by a local court to act as the representative of a deceased Claimant. For example, a copy of a court order, letters of administration, letters testamentary, or other document issued by a court or other appropriate official and appointing the Legal Representative as personal representative, administrator, executor, or other position with authority to act on behalf of the deceased Claimant.

(b) Successor in Interest Declaration. A deceased Claimant's successor in interest(s) may submit a declaration or affidavit to support the Legal Representative's authority if no probate administration is pending or required. The affidavit must meet the requirements of Cal. Prob. Code § 377.32, including being accompanied by a copy of the decedent's death certificate. The heir(s) also must submit documents supporting their relationship to the decedent.

(c) Small Estate Affidavit. A deceased Claimant's legal heir(s) or other successors in interest may submit a small estate affidavit to support a Legal Representative's authority if: (1) more than forty days have elapsed since the decedent's death; (2) the decedent's estate, including any awards from the Trust, does not exceed \$166,250; and (3) no probate administration is pending or required. The affidavit must meet the requirements of Cal. Prob. Code § 13101, including being accompanied by a copy of the decedent's death certificate. The heir(s) also must submit documents supporting their relationship to the decedent.

(d) Last Will and Testament. A copy of a deceased Claimant's properly executed will identifying the Legal Representative as the executor of the deceased Claimant's estate. The will must be accompanied by a copy of a deceased Claimant's death certificate.

(e) Additional Legal Representative Proof Documents. Additional documents may be accepted as Legal Representative Proof Documents only if the Special Master approves or as authorized by the District Court.

55. Who is considered an Incapacitated Claimant?

An Incapacitated Claimant is a person who lacks the capacity to make a decision unless the person has the ability to communicate verbally, or by any other means, the decision, and to understand and appreciate, to the extent relevant, all of the following: (a) the rights, duties, and responsibilities created by, or affected by the decision; (b) the probable consequences for the decisionmaker, and, where appropriate, the persons affected by the decision; and (c) the significant risks, benefits, and reasonable alternatives involved in the decision.

We presume all adult Claimants have legal capacity to act on their own behalf unless presented with information or documents clearly indicating the Claimant meets the criteria. The mere fact that a Claimant has executed a power of attorney agreement, including a durable or springing power of attorney, does not mean that a Claimant is incapacitated.

56. Who may act as Legal Representative for an Incapacitated Claimant, and what documents must they submit to the Trust to support their authority?

A guardian or conservator or, if none has been appointed, an agent authorized in a durable or springing power of attorney agreement may act as a Legal Representative for an Incapacitated Claimant. The type of document required to support a party's authority to act as Legal Representative to an Incapacitated Claimant—including accepting any offer, signing Releases, and receiving payment—depends on the party's relation to the Claimant, but can include the following:

(a) Local Court Appointment. A copy of a court order, letters of guardianship, letters of conservatorship, certification, or other document issued by a court or other appropriate official and appointing the Legal Representative as guardian, conservator, curator, personal representative, or other position with authority to act on behalf of the Incapacitated Claimant.

(b) Durable Power of Attorney. A durable or springing power of attorney submitted by a Legal Representative acting on behalf of an Incapacitated Claimant.

(c) **Legal Representative Declaration.** A completed copy of Legal Representative Declaration (available [here](#)) supporting their authority to act on behalf of an Incapacitated Claimant.

(d) **Additional Legal Representative Proof Documents.** Additional documents may be accepted as Legal Representative Proof Documents only if the Special Master approves or as authorized by the District Court.

57. What additional considerations apply for payment to Minor and Incapacitated Fire Victims?

To protect their interests, the Special Master must review and approve the Claims Determinations and disbursement measures for all awards to Minors and Incapacitated Claimants before the Trust may issue payment. As part of this process, the Special Master will review the Determination Notice and claim awards after acceptance, as well as documentation supporting the Legal Representative's authority to act on the minor's or incapacitated adult's behalf.

58. Whose awards must be reviewed and approved by the Special Master before payment?

All current Minor and Incapacitated Claimants' awards must be reviewed and approved by the Special Master before payment.

59. How does the Special Master review process work?

The following is a general overview of the steps in the Special Master review process:

- (a) The Claimant's Legal Representative will accept the Approved Claim Amount provided in the Determination or Reconsideration Notice on the Claimant's behalf.
- (b) The Claimant's Legal Representative will submit a petition to the Special Master that includes proposed Orders and relevant supplemental materials. *Pro se* Claimants will need to also submit a guardian *ad litem* application.
- (c) For Claimants represented by an attorney, the Special Master will require a hearing via Zoom for all awards over \$50,000.00; the Special Master can review awards under \$50,000.00 on the papers but may require a hearing at her discretion. For *pro se* Claimants, the Special Master will always require a hearing, even when the award is less than \$50,000.00.
- (d) The Special Master will issue an Order that the award be deposited in an appropriate account, and that Order will be uploaded to the Claimant's Portal documents. The Fire Victim Trust will send an email alert that the Order has been uploaded. Special Master Orders must then be filed, under seal, in the United States District Court for the Northern District of California.

- (e) Payment will issue in the next payment distribution following entry of the Order.
- (f) The Minor or Incapacitated Claimant's Legal Representative must deposit the award as ordered and upload an Acknowledgment of Deposit to the Claimant's Portal documents.

60. How are Special Master Orders filed with the Court?

By Order of Hon. Haywood S. Gilliam, Jr., the Special Master Order(s) must be e-filed by Claimants' counsel on the docket for case no. 20-cv-07967- HSG in the United States District Court for the Northern District of California. All Special Master Orders must be e-filed within 30 days, including the Order Approving Compromise, any Deposit Orders, any future Supplemental Orders, and any other Orders entered by the Special Master. Neither the Special Master nor the Fire Victim Trust is responsible for filing the Order(s) on the District Court docket. These Orders must be filed under seal.

Detailed instructions for e-filing under seal are available on the United States District Court, Northern District of California website, [here](#). Judge Gilliam's Standing Order, which discusses Motions to Seal beginning at paragraph 28, is also available on the United States District Court, Northern District of California website, [here](#). If you have not already done so, you may add your firm as a filing Party to docket your clients' Special Master Orders.

The Fire Victim Trust will e-file the Special Master Orders for *pro se* Claimants only.

61. Does the Special Master review process require new petitions and Orders for every *pro rata* distribution?

No, the Special Master will review each Minor and Incapacitated Claimant's petition once and will issue Orders based on the Approved Claim Amount as described in the accepted Determination or Reconsideration Notice. If a bank or other depository requires an Order with the exact amount of each *pro rata* deposit, the Special Master can issue Supplemental Orders upon request.

62. Where can I find more information about the Special Master review process?

There is a tile on the home page of the Portal titled "Minors and Incapacitated Adults," which contains guidance documents and forms relevant to the Special Master review process. These documents and forms are occasionally updated, and the Special Master may require older versions of petitions or forms to be resubmitted using the updated version.

V. Real Property Claims

63. What is a Real Property Claim?

Real Property Claims include claims for damage to structures on residential or commercial real property, landscaping, forestry, and other real property improvements (e.g., hardscape, fencing, retaining walls, pools, and solar panels) as a result of the Fires.

64. Can I make a claim if I am a co-owner of the Real Property?

Yes, a co-owner of real property can make a claim for loss/damage to real property and should provide official ownership documentation to support ownership percentage. You should also provide a list of the other co-owners.

65. Can multiple owners submit separate claims for a single loss location?

Yes, multiple owners can file separate claims for losses based on the same loss location if they provide ownership percentages or for certain categories such as personal property, so long as the losses do not overlap.

66. If I was not the title owner of the property at the time of the Fire, can I still make a claim for Real Property damage?

You can submit a claim if, since the Fire, you have received an assignment of the right to make a claim related to the damage of the property.

67. What is considered Residential Property?

Residential Property means real property consisting of a dwelling that contains no more than four residential units, as well as individually owned units in a residential stock cooperative, condominium, or planned unit development and the Claimant occupies the dwelling or one of its units as their residence. This includes:

- (a) Single Family Homes
- (b) Multi-Family Homes
- (c) Manufactured Homes
- (d) Mobile Homes
- (e) Apartments
- (f) Condominiums

68. Can I make a claim for non-habitable structures located on my Residential Property?

Yes, you can claim any non-habitable structures located on your residential property, other than your primary residence, that were damaged by the Fire by providing a description of the damaged structure and the cost of repair or rebuild. Examples of such structures include: detached garages, storage buildings, barns, greenhouses, and workshops.

69. What is considered Commercial Property?

All real property, except for Residential Property or vacant land is considered Commercial Property.

This includes:

- (a) Agricultural Property
- (b) Apartment/ Condo Buildings
- (c) Commercial Office Buildings
- (d) Educational/ School Facilities
- (e) Healthcare/ Medical Facilities
- (f) Hospitality/Lodging
- (g) Industrial Property
- (h) Mobile Home Parks
- (i) Parking Structures/ Facilities
- (j) Public/ Community Facilities
- (k) Retail Property
- (l) Transportation/ Airplane related properties

70. What types of documents can I provide to support my Real Property Claim?

- (a) Verification of ownership;
- (b) Appraisals;
- (c) Tax records;
- (d) Purchase records;
- (e) Mortgage or loan documentation showing the pre-Fire condition or value of the property;
- (f) Pre-Fire and post-Fire photos or videos of the structures (interior or exterior) or other damaged areas of the property;
- (g) Architectural or engineering drawings;
- (h) Permits;
- (i) Contractor rebuild or repair estimates or invoices;
- (j) Arborist reports, timber surveys, or documents relating to landscaping;
- (k) Closing statement if the property has been sold; and
- (l) Other supporting documents within the Claimant's possession.

71. What documents are acceptable to verify my ownership of real property?

The Trust will accept official ownership documentation, such as titles, deeds, wills, etc.

72. Can I include landscaping improvements made to my real property in my claim?

Yes, you can include landscaping improvements in your Real Property Claim by providing a description of the type and quantity of landscaping improvements that were damaged or destroyed. Landscaping is defined as any changes made to the property that are intended to improve its visual appearance (e.g., shrubs, flower beds, mulched areas, artificial ponds, etc.).

73. Can I include the trees and other naturally growing vegetation located on my real property in my claim?

Yes, trees, bushes and other naturally growing vegetation that is not actively landscaped fall under the category of Forestry and can be included in your claim if they are located on your property.

74. What documents can I provide to support my claim for loss and/or damages relating to landscaping improvements and forestry?

- (a) Maps
- (b) Photos
- (c) Expert Reports

75. If I am a co-owner of the real property, what documents or information can I provide to prove percentage of ownership?

You can provide official ownership documentation, such as titles, deeds, wills, or other ownership documents to prove your ownership percentage.

76. What if the owner of the real property is deceased?

The executor of the deceased owner's estate may submit a claim on behalf of the deceased owner.

77. What if the owner of the real property is a Trust?

An authorized individual may submit a claim on behalf of a Trust.

78. What if the real property was transferred to a minor under the California Uniform Transfers to Minors Act?

The Claimant must submit a driver's license or birth certificate confirming that he or she has reached the age of majority at the time of submitting the claim.

79. What information or details should I include in my description of the damaged real property?

To the best of your ability, describe in detail:

- (a) The type of real property that was lost or damaged and its condition before the Fire;
- (b) The physical damage to the real property resulting from the Fire; and
- (c) The location(s) of the loss/ damage.

80. How will the Trust calculate damages in connection with my Real Property Claim?

Real property damages will be measured in one of two ways:

- (a) the loss in fair market value to the property (“Diminution in Value”); or
- (b) the reasonable costs to rebuild or repair the property (“Cost of Repair”).

Whether Diminution in Value or Cost of Repair is awarded will depend on the facts of each claim.

81. How will Diminution in Value be calculated?

The Trust will calculate Diminution in Value by subtracting the Fair Market Value of the property immediately after the Fire from the Fair Market Value of the property immediately before the Fire.

82. What is meant by Fair Market Value?

Fair Market Value is the highest price estimated in terms of money which the property would bring if exposed for sale in the open market.

83. What information or documentation should I provide to evidence a property’s Fair Market Value?

You may provide contemporaneous appraisals, sales comparisons from immediately prior to the Fire, or expert reports.

84. How will the Cost to Repair or Replace be determined?

The reasonable costs to rebuild or repair the property will be determined based on:

- (a) the use of the structure(s) and other improvement(s);
- (b) the extent of damage to the structure(s) (e.g., burn damage versus smoke and soot damage);
- (c) the square footage of structure(s);
- (d) the geographic location of the property;

- (e) the size of the vegetation on the property immediately before the Fire;
- (f) the extent of damage to vegetation;
- (g) the type of vegetation damaged; and
- (h) the Fair Market Value of the property immediately before the Fire.

In addition, you may claim the value of trees lost.

85. Can I make a claim for Consequential Damages caused by the destruction of or damage to my real property?

Yes, you may make a claim for other reasonably foreseeable economic losses directly caused by the destruction of or damage to real property.

86. Can I make a claim for economic losses suffered by my business and caused by the destruction of or damage to my Commercial Property?

Yes, you may make a claim for economic losses suffered by a business as a result of the Fires, including loss of business property or inventory used to conduct business and lost profits or revenue, and can do so by making a Business Loss Claim.

87. If I operated my business out of my Residential Property, can I make a claim for economic losses suffered by my business as a result of the destruction of or damage to my Residential Property?

Yes, you may make a claim for economic losses suffered by a business as a result of the Fires, including loss of business property or inventory used to conduct business and lost profits or revenue, and can do so by making a Business Loss Claim.

88. Can I make a claim for Loss of Rental Income if I rented out all or a portion of my Residential Property?

You must assert loss of rental income from damaged or destroyed real property as a Business Loss Claim.

89. What happens if I have sold the property instead of rebuilding?

If you have sold the property that forms the basis of your claim prior to rebuilding, the Trust will determine your damage award based on Diminution of Value.

90. Will the Trust provide a value for rebuild damages before a Claimant submits a Real Property Claim?

No, the Trust will not provide a value for rebuild damage before a Claimant submits a claim. If a Claimant does not provide information regarding rebuild damages when filing a claim, the Trust will provide an estimated amount based on publicly available data as part of the initial award notice. Claimants will have the ability to respond and provide additional information.

91. Will the Trust explain the basis of each award for real property?

Yes, the Trust will provide the numerical inputs used to determine damages such as structures identified, square footage, market value, and cost of rebuild for each submitted Real Property Claim.

92. What restoration damages will the Trust include in its calculation of the rebuild value for Real Property Claims?

The Trust will include damages for structures and property based on publicly available data. The Trust may also include damages for the average cost of fencing, decking, and other items based on documents provided by Claimants and input from experts.

93. How will the Trust apply the “Kelly ratio” to restoration damages for Real Property Claims?

The Trust will review each claim on a case-by-case basis and does not expect to apply any arbitrary cap on claims.

94. Will the Trust apply caps to damages in its evaluation of awards?

The Trust will review each claim on a case-by-case basis and does not expect to apply any arbitrary cap on claims.

95. How will the Trust compensate claims for minor damage to real or personal property?

If the minor damage was not fully covered by insurance or was uninsured, the Trust will evaluate the cost of repair for that minor damage.

VI. Personal Property Claims

96. What is a Personal Property Claim?

Personal Property Claims are claims for loss of or damages to property that is movable, such as household items (*e.g.*, clothes, furniture, or tools) and automobiles, as a result of the Fires.

97. What types of documents can I provide to support my Personal Property Claim?

- (a) List of items destroyed or damaged in the residency;
- (b) Proofs of purchase;
- (c) Pre-Fire and post-Fire photos;
- (d) Appraisals; and
- (e) Other supporting documents within the Claimant's possession.

98. Will the Trust require an inventory or similar documentary support to award a Personal Property Claim?

The Trust will not require an inventory to file a Personal Property Claim. However, an inventory will allow the Trust to evaluate these damages with more precision and may result in a higher award to the Claimant.

99. What if I do not have a detailed inventory of what was lost?

If you are unable to provide the value of all of your lost or damaged items, the Trust will calculate the loss using a statistical model.

100. What information or details should I include in my description or list of damaged or lost personal property?

To the best of your ability, describe in detail:

- (a) The type(s) of personal property that was damaged by the Fire;
- (b) The condition of the personal property before the loss/ damage occurred;
- (c) The physical damage to the personal property resulting from the Fire; and
- (d) The location of the personal property when the loss/damage occurred.

101. My personal property has unique pecuniary value (*e.g.*, custom cars, antiques, gun collections, coin collections, etc.). What documentation do I need to support my claim and how will my claim be evaluated?

You can submit documentation evidencing the pecuniary value of your personal property such as appraisals or expert reports, which the Trust will consider when evaluating your claim.

102. Can I make a claim for loss of or harm to my pets and animals as a result of the Fire?

Yes, you can make a claim for the loss of or harm to pets and animals owned for personal use by including them in your Personal Property Claim. You may submit claims for livestock and animals used for agricultural and farming purposes as part of your Business Loss Claim.

VII. Personal Income Loss (“PIL”) Claims

103. What is a PIL Claim?

PIL Claims include claims from individuals who lost wage income as a result of the Fires, to the extent permitted by California law.

104. Can I submit a PIL Claim if I am the sole proprietor of a business or independent contractor?

Sole proprietors and independent contractors should submit PIL Claims if you do not report expenses on the Schedule Cs you file with your federal income tax returns. If you report expenses on your Schedule C for a business you own, you should submit a Business Income Loss Claim.

105. If I own a business and the business pays me wages, can I submit a PIL Claim for my lost wages from that business?

Business owners cannot submit PIL Claims for wages they lost from businesses they own if the business has a Business Loss Claim. Reductions in the compensation paid to owners of the business will be included in the Business Loss Claim.

106. Can I submit a PIL Claim for lost rental income?

You should submit a Business Loss Claim, not a Personal Income Loss Claim, for lost income from the rental of real or personal property suffered as a result of the Fires.

107. What types of documents may support my PIL Claim?

- (a) Tax returns, including all schedules and attachments;
- (b) W-2 Forms;
- (c) 1099 Forms;
- (d) Lease agreements or canceled rent checks;
- (e) Bank account statements identifying earnings;
- (f) Paycheck stubs or payroll records; and
- (g) Other supporting documents within the Claimant’s possession.

108. How will the Trust apply the Economic Loss Rule established in the California Supreme Court’s holding in *Southern California Gas Company v. The Superior Court of Los Angeles County*, 7 Cal. 5th 391 (2019)?

The Trust will evaluate claims for income loss consistent with the Court’s holding in *Southern California Gas Company v. The Superior Court of Los Angeles County*, 7 Cal. 5th 391 (2019), which upholds the common law doctrine barring plaintiffs from recovering purely economic losses under a negligence theory without personal injury, property damage, or a special relationship (the “Economic Loss Rule”). The Trust has incorporated the Economic Loss Rule in its approach to evaluating income loss claims (Business Income Loss and Personal Income Loss Claims) in two primary ways. First, the Trust requires that Claimants establish that they suffered a personal injury or property damage to have a compensable claim for income loss. Second, the Trust imposes limits on the periods of time after the applicable Fire over which it will calculate an eligible Claimant’s losses (“Loss Periods”), under the theory that Loss Periods should be reasonably tailored to account for a specific Claimant’s losses attributable directly to the Fire, and not for the broader effects of the Fire to the economy of the region as a whole.

109. What is Expedited Personal Income Loss Review?

To avoid delay in issuing Determination Notices, the Claims Administrator, in coordination with the Claims Processor and other Trust Professionals, will expedite the review of some PIL Claims of Claimants who have an eligible claim for certain other claim types. If after the Trust issues your Determination Notice you request reconsideration of your claim submissions, the Claims Administrator and Claims Processor will review your PIL Claim using the General PIL Review framework. The General PIL Review framework will be finalized at a later date.

110. How did the Trust determine the Net Claim Compensation Amount for my PIL Claim under the Expedited PIL Review Process?

If your PIL Claim was reviewed under the Expedited PIL Review process, the Trust estimated your award based on various factors, including the amount of wage loss you entered in your Claims Questionnaire or indicated in other supporting documents, and whether you had an eligible claim for property damage or personal injury. Another factor the Trust considered is the expense and delay caused by requiring Claimants to submit complete earnings documents for periods preceding and following the Fire to prove the extent of their wage loss. The Trust also considered how the Economic Loss Rule (*See* FAQ #100) limits compensation to the amount of a Claimant’s wage loss attributable to personal injury and property damage caused by the Fire, and not attributable to other factors such as the impact of the Fire on the local economy or the closure of the Claimant’s employer.

111. Why was my PIL Claim denied following Expedited Personal Income Loss Review?

Your PIL Claim will be denied following Expedited PIL Review if the Claims Processor finds: (a) your claim is not for lost wages; (b) your wage loss was not caused by personal injury or property damage you suffered as a result of the Fire, as required by the Economic Loss Rule (*See* FAQ #100); or (c) you did not support your claim for lost wages by providing information about your wage loss or your employment in the Claims Questionnaires or in other supporting documents. If the Claim Processor finds your claim is for lost rental or business income, your claim will be reclassified as a Business Income Loss Claim.

VIII. Business Income Loss (“BIL”) Claims

112. How do I satisfy the tax return requirement if I did not file a tax return for a given year or years included in the Benchmark or Loss Periods?

A Verification of Non-filing Letter from the IRS provides proof that the IRS has no record of a filed tax return for one or more years. Individuals who did not file a tax return for a given year or years included in the Benchmark or Loss Periods can request an IRS Verification of Non-filing Letter, free of charge, by visiting the IRS website at <https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them> and following the instructions to request a Verification of Non-filing Letter.

113. What is a BIL Claim?

BIL Claims include claims for economic losses suffered by a business as a result of the Fires, including loss of business property or inventory used to conduct business and lost profits or revenue.

114. I co-own a business with one or more other owners. Who should submit a claim for the business?

Any authorized business representative may submit a claim for the business; however, the Claimant Name on the Claims Questionnaire must be the business name as it appears on the business’s tax returns and the Taxpayer Identification Number must be the business’s EIN. Owners of a business entity should not submit claims under their SSNs for their separate ownership interests in the business.

115. What documents must I submit in support of a BIL Claim?

All Claimants must provide the following documents in support of a BIL Claim:

- (a) A completed Claims Questionnaire verified by the Claimant;
- (b) Documentation from independent third-party sources to establish that the Claimant has suffered property damage or personal injury as a result of the Fire;

- (c) Annual Federal Tax Returns, including all relevant Schedules and Attachments (*e.g.*, Schedules C, E, or F for Form 1040, Schedule K-1 for Form 1065 or Form 1120S, etc.), for all calendar years included in the Benchmark Period and the Loss Period;
- (d) Documentation to verify formation and ownership of the business (if applicable), such as:
 - (1) Articles/Certificate of Incorporation/Organization
 - (2) Corporate Bylaws
 - (3) Operating Agreement
 - (4) Corporate Resolutions
 - (5) Shareholder Lists
 - (6) Partnership Agreements
 - (7) Other documents to establish legal ownership;
- (e) Documentation to establish the nature of the Claimant's business/industry;
- (f) Documentation to establish the Claimant's loss location(s);
- (g) Documentation of insurance limits, broken down by coverage type (*e.g.*, business interruption, business personal property, etc.) and loss location (as applicable);
- (h) Documentation of insurance payments received, broken down by coverage type and loss location (as applicable);
- (i) Documentation of FEMA funds received, broken down by FEMA payment category (as applicable); and
- (j) Documentation of extraordinary losses, such as receipts or accounting statements documenting lost inventory, equipment/property repair, or other additional expenses associated with the Fire (as applicable).

116. What is the Benchmark Period?

This is the period of time before the Fire that serves as a baseline to establish the business claimant's pre-Fire revenues and expenses. The Trust will use the following Benchmark Periods, to the extent the business was in operation during the applicable years:

- (a) Butte Fire: 2012 – 2014
- (b) North Bay Wildfires: 2014 – 2016
- (c) Camp Fire: 2015 – 2017

117. What is the Loss Period?

This is the period of time after the Fire over which the Trust will base its future payment calculations for lost income as a result of the Fire. A Claimant's Loss Period will depend on various factors, including the extent of the Claimant's property damage and/or personal injury and other relevant facts and circumstances. At a minimum, the Loss Period for all BIL Claims will include the calendar year in which the Fire occurred and the subsequent calendar year.

118. What is individualized review?

Depending on the specific facts and circumstances, certain Claimants will be subject to a review that is more individualized and/or detailed, and the evaluation criteria applied to those BIL Claims may deviate from the standard evaluation framework.

119. What documents are required for individualized review?

In addition to the documents required to evaluate all BIL Claims, the Trust may require the following documents:

- (a) Annual and monthly Profit and Loss statements, contemporaneously prepared and specifying the basis of accounting used, for the Benchmark Period, Loss Period, and any other period deemed necessary by the Trust, as well as source documentation to support and verify these financial statements;
- (b) Annual Federal Tax Returns, including all relevant Schedules and Attachments (*e.g.*, Schedules C, E, or F for Form 1040, Schedule K-1 for Form 1065 or Form 1120S, etc.), for certain calendar years preceding the standard Benchmark Period;
- (c) Any existing audited financial statements for the Benchmark Period and the Loss Period;
- (d) State or federal regulatory filings; and
- (e) Documentation provided to the Claimant's insurer to support insurance claims.

120. What if I do not have access to my business's Annual Federal Tax Returns?

You can request Annual Federal Tax Return transcripts for missing years by visiting [IRS.gov](https://www.irs.gov) and filling out a Form 4506-T (Request for Copy of Tax Return).

121. What additional documentation must I submit to support a claim for lost or damaged Business Personal Property?

In addition to the documentation required for all BIL Claims, the Claimant must submit documentation of extraordinary losses, such as receipts or accounting statements documenting lost inventory, equipment/property repair, or other additional expenses associated with the Fire (as applicable).

122. What documents are acceptable to verify my ownership of Business?

- (a) Articles of Incorporation
- (b) Articles of Organization
- (c) Certificate of Organization
- (d) Bylaws
- (e) Operating Agreements
- (f) Corporate Resolutions
- (g) Shareholder Lists
- (h) Partnership Agreements
- (i) Other documents to establish legal ownership

123. I operated my business out of my personal residence. Can I make a claim for economic losses suffered by my business as a result of the damage to my residence as a result of the Fire?

Yes, Business Claimants may submit Business Income Loss Claims for economic losses suffered by a business as a result of the Fire, including loss of business property or inventory used to conduct business and lost profits or revenue.

124. Can I submit a Business Income Loss Claim for lost rental income?

Yes, you should submit a Business Loss Claim for lost income from the rental of real or personal property suffered as a result of the Fire.

125. Can I submit a Business Income Loss Claim if I am the sole proprietor of a business or an independent contractor?

Yes, sole proprietors and independent contractors should submit Business Income Loss Claims if you report expenses on the Schedule Cs you file with your federal income tax returns. If you report expenses on your Schedule C for a business you own, you should submit a Business Income Loss Claim.

126. What types of documents may support my Business Loss Claim?

- (a) Description of the business, including its mission statement;
- (b) Tax returns, including all schedules or attachments;
- (c) Financial statements, including profit and loss statements;
- (d) Articles of Incorporation, bylaws, shareholder lists, or partnership or limited partnership agreements;
- (e) Leases, deeds, titles, or other documents identifying the property owned or occupied by the business;
- (f) Canceled contracts;
- (g) Photos, videos, or other documentary evidence of fire damage to the Claimant's home or business; and
- (h) Other supporting documents within the Claimant's possession.

IX. Other Out-of-Pocket Expenses Claims

127. What is an Other Out-of-Pocket Expenses Claim?

Other Out-of-Pocket Loss Claims include claims for out-of-pocket expenses that are not considered in any other Claim Type. These may include expenses for lodging, rental, security deposits, groceries, transportation costs, meals, medical and counseling expenses, and other out-of-pocket expenses as a result of the Fires.

128. What types of documents may support my Other Out-of-Pocket Expenses Claim?

- (a) Documentation supporting a claim for additional living expenses;
- (b) Medical bills;
- (c) Counseling bills; and
- (d) Other supporting documents within the Claimant's possession.

X. Wrongful Death Claims

129. What are Wrongful Death Claims?

Wrongful Death Claims allow families to recover damages relating to individuals who died as a result of the Fires. The Trustee and Claims Administrator will devise procedures ensuring a streamlined and sensitive process providing Claimants and their family members the dignity that is critical to successfully resolving claims relating to these extraordinary losses.

130. Who may submit a Wrongful Death Claim?

Under California law, an action for wrongful death may be asserted by any of the following persons or by the decedent's personal representative on their behalf:

- (a) The decedent's surviving spouse, domestic partner, children, and issue of deceased children, or, if there is no surviving issue of the decedent, the persons, including the surviving spouse or domestic partner, who would be entitled to the property of the decedent by intestate succession;
- (b) Whether or not qualified under (a), if they were dependent on the decedent, the putative spouse, children of the putative spouse, stepchildren, or parents; or
- (c) A minor, whether or not qualified under (a) or (b), if, at the time of the decedent's death, the minor resided for the previous 180 days in the decedent's household and was dependent on the decedent for one-half or more of the minor's support.

131. Who qualifies as a "domestic partner" to submit a Wrongful Death Claim?

A "domestic partner" is a person, who at the time of the decedent's death, was the domestic partner of the decedent in a registered domestic partnership established in accordance with subdivision (b) of Section 297 of the California Family Code.

132. Who qualifies as a "putative spouse" to submit a Wrongful Death Claim?

A "putative spouse" means the surviving spouse of a void or voidable marriage who is found by a court to have believed in good faith that the marriage to the decedent was valid.

133. What types of documents may support my Wrongful Death Claim?

You may provide a copy of a death certificate, autopsy report or other medical records identifying the decedent's cause of death. You should also provide medical records and/or other documents to show the decedent's general health at the time of death. For decedents who did not die directly in or during a Fire, Claimants may be required to submit an expert report that provides the opinion, to a reasonable degree of medical certainty, that the Fire was a substantial contributing cause of the decedent's death. If a claim is being made for lost financial support, submit any evidence of said support and tax, employment, or other financial records reflecting the decedent's annual income for the two years preceding his or her death. You also may provide information detailing other expenses related to the decedent's death and explaining how the death has affected you and describing your loss of relationship, love, support, and companionship.

134. What if I do not have records showing the decedent's general health at the time of death?

The Trust will consider the health of the decedent when evaluating a Wrongful Death Claim, and it is necessary for you to submit medical records, preferably from a primary care physician, describing the state of the decedent's health at or near the time of the decedent's death. If you do not have or cannot obtain records, it may be necessary for you to open a probate estate, issue a subpoena, or take other appropriate measures to obtain the records.

If you are unable to obtain records after diligent efforts, then you may provide us with:

- (a) An affidavit describing your efforts to obtain the medical records; and
- (b) An attestation from you or another of the decedent's heirs regarding the decedent's general health at the time of death.

If the information in these affidavits is sufficient, we may waive the medical records requirement and proceed with assigning an award amount to an otherwise eligible Wrongful Death Claim. We may also reach out to you if we need additional information after reviewing the affidavits.

XI. Personal Injury Claims

135. What is a Personal Injury Claim?

Personal Injury Claims are claims for physical, bodily injury and any related pain and suffering and/or mental anguish resulting from the bodily injury. Personal Injury Claims may include but are not limited to the following types of bodily injuries suffered as a result of the Fires:

- (a) Bodily injury that involves substantial risk of death or disfigurement;
- (b) Injuries causing blindness or deafness;
- (c) Disfiguring burns; and
- (d) Traumatic brain injury or other brain injuries that result in permanent cognitive impairment, physical disability or mood imbalance.

136. What types of documents are required to support my Personal Injury Claim?

Claimants must submit sufficient documents, including all available medical bills and records related to the injury, identifying the type and severity of bodily injury, demonstrating the causal relationship to the Fires, and reflecting any treatment required and/or received. The following documents will be particularly helpful to support a Personal Injury Claim:

- (a) Medical records related to the injury, including medical records from a treating physician or healthcare provider relating to diagnosis and prognosis;
- (b) Medical bills related to the injury;
- (c) Written narratives detailing the Claimant's injury and any mental anguish, pain and suffering, and inconvenience suffered as a result; and
- (d) Photos or videos depicting the Claimant's injury.

XII. Emotional Distress Claims

137. What is an Emotional Distress Claim?

Emotional Distress Claims include claims for mental anguish a Claimant suffered as a result of evacuating or sheltering-in-place during the Fires or damages for annoyance and discomfort related to the loss of use of property as a result of the Fires, to the extent permitted by California law.

138. What types of claims can I submit for Emotional Distress?

You can submit claims for Zone of Danger or Nuisance. Zone of Danger claims include the emotional distress and/or mental anguish Claimants experienced or witnessed while evacuating or sheltering-in-place as a result of the Fire. Nuisance claims include damages for annoyance and discomfort related to the loss of use or substantial interference with the use or enjoyment of property and loss of cherished or irreplaceable possessions as a result of the Fire.

139. What are the minimal eligible criteria for a "Zone of Danger" Claim?

The Trust will consider Claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter (b) and experienced emotional distress or mental anguish contemporaneous to the Fire, (c) while evacuating or sheltering-in-place as a result of the Fire.

140. How will the Trust determine award amounts for Zone of Danger Claims, and what evidence will the Trust accept?

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I (Severe Distress); Tier II (Moderate Distress); or Tier III (Mild Distress). The Trust will make these determinations by evaluating both (a) the conditions that a Claimant encountered while evacuating or sheltering-in-place and (b) any ongoing effects from mental health conditions that the Claimant has continued to experience as a result of emotional distress or mental anguish from the Fire.

141. What types of documents may support my Emotional Distress Claim?

- (a) A written narrative or an audio or video recording detailing the Claimant's evacuation and impact of the Fire on the Claimant and his or her family, including impact related to the loss of property and any sentimental items in the home;
- (b) Texts, emails, or social media content the Claimant created during the evacuation;
- (c) Photos or videos taken during the evacuation;
- (d) Pre-Fire and post-Fire photos and videos of the Claimant's property;
- (e) Records describing bodily injury or mental health counseling or treatment;
- (f) Documentation of medical and counseling expenses; and
- (g) Other supporting documents in the Claimant's possession.

XIII. Attorney Representation

142. Do I need a lawyer to represent me?

No, you do not need a lawyer to submit your claims to the Fire Victim Trust. If you are a Fire Victim (or are assisting a Fire Victim) who is not represented by a lawyer, the Trust may be able to offer assistance to you. You may contact the Claims Administrator by phone (1-888-664-1152) or email (info@firevictimtrust.com) for assistance with submitting your claims if you do not have a lawyer; however, the Trust will not be providing any legal advice to you.

143. What is a *Pro Se* Liaison?

The Fire Victim Trust created a team of *Pro Se* Liaisons, comprised of law students, to provide free claims filing assistance to people representing themselves in submitting Fire Victim Claims. The deadline to submit a Claims Questionnaire was February 26, 2021. With the progression of the claims process, the Fire Victim Trust ended the *Pro Se* Liaison program on September 30, 2021.

If you are representing yourself, you may call (1-888-664-1152) or email (info@firevictimtrust.com) to request assistance with your claim.

144. Where did the Claims Administrator get information about my lawyer?

The Claims Administrator examined the Notice Party data from Question 4 of the Proof of Claim Form to identify the lawyer who filed the claim.

145. Can I terminate my relationship with my lawyer?

You must contact your lawyer to discuss this. The Trust cannot give you legal advice.

146. How do I tell the Claims Administrator that I have a new lawyer?

You and your new lawyer must complete the **Update Attorney Representation Form** available [here](#). Follow the instructions included in the form and then email a completed version to info@firevictimtrust.com.

147. How do I tell the Claims Administrator that I do not have a lawyer?

You must complete the **Update Attorney Representation Form** available [here](#). Follow the instructions included in the form and then email a completed version to info@firevictimtrust.com.

148. How can I add a Claimant to my Law Firm Portal?

The Fire Victim Trust relied on the Notice Party data from Question 4 of the Proof of Claim Form to identify the Claimants that appear on your Portal.

If the Proof of Claim form for the Claimant shows your firm in Question 4 or as a signatory to the form, we will update our data and move the Claimant to your Portal. Send an email to info@firevictimtrust.com identifying the Proof of Claim Number appearing on the Prime Clerk Bankruptcy register ([here](#)) and requesting that we move this claim to your Portal.

If the Proof of Claim Form does not show your firm as counsel, you and the firm that does appear on the Proof of Claim form must complete the **Update Attorney**

Representation Form available [here](#). Follow the instructions included in the form and then email a completed version to info@firevictimtrust.com.

If more than one household presents the same Prior and New Law Firms, you can complete a single **Update Attorney Representation Form** and attach Exhibit A to the Attorney Representation Form, which is available on your Portal.

149. How can I remove a Claimant from my Law Firm Portal?

If your firm does not appear on the Proof of Claim form filed with Prime Clerk, send an email to info@firevictimtrust.com identifying the Claimant and we will remove the Claimant from your Portal after confirming that your firm does not appear on the Proof of Claim form.

If your firm does appear on the Proof of Claim form, you must complete the **Update Attorney Representation Form**, which is available on your Portal.

150. How will the Trust evaluate attorneys' fee requests made pursuant to California Code of Civil Procedure § 1036?

If you are making a fee application pursuant to California Code of Civil Procedure § 1036, please note that the Trust will be advised by the principles set out in the following cases as well as Rule 1.5 of the California Rules of Professional Conduct:

- *Aetna Life & Casualty Co. v. City of Los Angeles*, 170 Cal. App. 3d 865 (1985).
- *Salton Bay Marina, Inc. v. Imperial Irrigation Dist.*, 172 Cal. App. 3d 914 (1985).
- *Andre v. City of West Sacramento*, 92 Cal. App. 4th 532 (2001).
- *Pacific Shores Property Owners Assn. v. Department of Fish & Wildlife*, 244 Cal. App. 4th 12 (2016).
- *Greater Westchester Homeowners Assn. v. City of Los Angeles*, 26 Cal. 3d 86 (1979).

XIV. Insurance Claim Files

151. Why does the Trust need my insurance information?

The PG&E Fire Victim Trust Agreement obligates the Claims Administrator to obtain information about insurance claims made by Fire Victims. To satisfy this requirement, the Trust must connect each Claimant in the FVT with a corresponding insurance claim and determine what the Claimant's Available Insurance Recoveries are.

152. What are Available Insurance Recoveries?

Pursuant to Section 2.6(a) of the PG&E Fire Victim Trust Agreement, the amount of a Covered Fire Victim Claim “shall be reduced on a dollar-for-dollar basis by all insurance recoveries available to the Fire Victim on account of such damages or losses, whether or not the Fire Victim actually made a claim against a policy of insurance for such damages or losses.” Section 2.6(b)(ii) states that in determining the amount of “Available Insurance Recoveries” for the Fire Victim, the Trustee shall consider “the available policy limits of any available policy of insurance that can reasonably be construed to provide insurance coverage for each applicable category of damages that the holder of the Covered Fire Victim Claim seeks to recover from the Trust.”

153. How does the Trust determine the Available Insurance Recoveries?

Determining the Available Insurance Recoveries for a typical residential total loss claim involves ascertaining limits for: (1) the dwelling, (2) enhanced dwelling replacement cost, (3) landscaping, (4) debris removal for the dwelling, (5) code upgrades, (6) other structures, (7) enhanced dwelling replacement cost, (8) contents, (9) debris removal for contents, (10) scheduled contents, and (11) additional living expenses and in some instances rental loss. The value of these insurance limits will offset a claim determination.

154. Am I required to complete the insurance coverage and payment information in the Other Insurance Information table of the Additional Information section of the Claims Questionnaire to help the Trust determine my Available Insurance Recoveries?

While the Other Insurance Information is not required to complete and submit a Claims Questionnaire, the Claims Administrator strongly encourages all Claimants to provide this information to ensure the most efficient and accurate evaluation of their claims. The Claims Administrator may receive some of this information directly from insurance carriers; however, it is unknown at this time whether that information will be complete. Thus, your assistance in providing insurance coverage information will help us to validate any information we receive from insurance carriers and expedite our review process.

If you do not have your insurance information readily available while submitting your claim, you can still submit your Claims Questionnaire without providing it.

155. What is the Stipulated Confidentiality and Protective Order and Agreement on the Production of Certain Insurance Information? Where can I get a copy?

The Bankruptcy Court approved a process for using insurance information for administering Fire Victim Claims. A complete description of the insurance Claims Files process is included in the Stipulated Confidentiality and Protective Order and Agreement on the Production of Certain Insurance Information [Docket No. 6597]. The Court entered an Order approving this stipulation on April 3, 2020 [Docket No. 6622]. Click [here](#) for a copy of the stipulation.

156. What are Insurance Claim Files?

The Claims Administrator has received or will receive insurance Claim Files from your insurance carrier. These contain insurance coverage, claims, and payment information related to Fire Victim Claims arising from the 2015 Butte Fire, 2017 North Bay Fires, and 2018 Camp Fire, as required in Section 2.6 of the PG&E Fire Victim Trust Agreement. The Claims Administrator will consider these documents when reviewing your claim.

157. How do I access my insurance Claim File?

After receiving an insurance Claim File, the Claims Administrator will make it available on your Portal. After logging into your Portal, click the Insurance Claim Files option on the left navigation menu to access your Claim File. From this screen, you can review the document and take any action, as described in the Stipulated Confidentiality and Protective Order and Agreement on the Production of Certain Insurance Information (available [here](#)).

XV. Medical Liens

158. What is a Medical Lien?

A Medical Lien occurs when a healthcare insurer/payor (such as Medicare, Medicaid, the Department of Veterans Affairs, and/or others) pays for medical items, services, and/or prescription drugs related to your compensable Personal Injury and/or Emotional Distress Claim(s). Medical Liens are sometimes called “healthcare liens.” If you receive a Determination Notice advising that you are eligible for compensation and have an approved Personal Injury or Emotional Distress Claim, the healthcare insurer/payor may be entitled to reimbursement (that is, be paid back for the compensable, injury-related care) for its payments out of your award. This right applies only to medical expenses or services related to the injuries and treatment on which your eligible claim is based. For example, if you received an award for pneumonia, medical expenses for treating your pneumonia may be subject to a Medical Lien, but medical expenses for an unrelated sprained ankle would not.

There are many different types of Medical Liens (including those asserted by Medicare (Parts A and B) Medi-Cal (California Medicaid)/other state Medicaid, the Department of Veterans Affairs, TRICARE, Indian Health Services, and private healthcare insurers for certain plans) where, under the Fire Victim Trust Agreement and Claims Resolution Procedures, there is a legal obligation to withhold payment.

159. Who is the Lien Resolution Administrator?

The Trustee and Claims Administrator appointed Wolf Garretson and BrownGreer PLC to serve as Lien Resolution Administrator and perform the healthcare administrative tasks for the Trust.

160. What are the procedures for identifying Medical Liens?

The Lien Resolution Administrator will work with Medicare and Medi-Cal (California Medicaid) to identify whether a Claimant who qualifies for an award based on personal injury or emotional distress is (or ever was) a Medicare (Parts A and B) or Medi-Cal beneficiary. The Lien Resolution Administrator also will work with the Private Lien Resolution Program (“PLRP”) Participating Private Health Plans to resolve any Medical Liens. Additionally, Part XI of the Claims Questionnaire requires you to identify any other insurers that covered your medical treatment related to your Personal Injury or Emotional Distress Claim(s). Those insurers include, but are not limited to, the Department of Veterans Affairs, TRICARE, Indian Health Services, private healthcare insurance plans, and other state (non-California) Medicaid agencies.

161. Which Medical Liens will the Lien Resolution Administrator affirmatively resolve for me? Are there any Medical Liens I must resolve myself?

Under the Trust Agreement, the Lien Resolution Administrator is responsible for affirmatively resolving Medical Liens with Medicare (Parts A and B), Medi-Cal (California Medicaid), PLRP Participating Private Health Plans (the list of PLRP Participating Private Health Plans is posted to the Home page in your Portal under Alerts) and any potential Medical Liens with the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, and other state (non-California) Medicaid disclosed in the Claims Questionnaire.

You are responsible for resolving any other known Lien obligations with any private healthcare insurer that is not a PLRP Participating Private Health Plan and with any governmental agency that is not the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, or other state (non-California) Medicaid. If you opted out of the PLRP and would otherwise be subject to the terms of that agreement, you are also responsible for resolving any private Liens from PLRP Participating Private Health Plans.

If you have questions about whether you must resolve a specific Medical Lien yourself, email the Lien Resolution Administrator at LRA@firevictimtrust.com or call (888) 664-1152

162. Can I resolve my own Medical Lien (without assistance from the Lien Resolution Administrator)?

The Lien Resolution Administrator was appointed to ensure the satisfaction and discharge of Medical Liens with Medicare (Parts A and B), Medi-Cal (California Medicaid), PLRP Participating Private Health Plans, and any potential Medical Liens with the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, and other state (non-California) Medicaid disclosed in the Claims Questionnaire. It is important that you (or your lawyer, if you are represented) do not individually contact or report your settlement from the Fire Victim Trust to any of these entities, as your reporting could cause duplication or delay in the resolution process and award payment.

If you (or your lawyer, if you are represented) are on notice of a Lien or resolved a Medical Lien that the Lien Resolution Administrator is affirmatively resolving (as specified above) related to your claim, send copies of your communications with the lienholder, including confirmation of the final lien amount, to the Lien Resolution Administrator by one of the following methods:

- (a) Email: By email to LRA@firevictimtrust.com;
- (b) Facsimile: By facsimile to (804) 521-7299, ATTN: LRA;
- (c) Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260, ATTN: LRAs; or
- (d) Delivery: By overnight carrier to Fire Victim Trust, c/o BrownGreer PLC, 250 Rocketts Way, Richmond, VA 23231, ATTN: LRA.

The Lien Resolution Administrator will verify the final Lien amount before releasing any funds withheld for Medical Liens.

163. What types of Fire Victim Trust Claims are subject to potential Medical Lien withholdings?

Only Claimants with eligible Personal Injury and Emotional Distress (Zone of Danger and Nuisance) Claims are subject to potential Medical Lien withholdings. If your award is for any other Claim Type(s), the Trust will not withhold funds for Medical Liens.

164. I submitted a claim for a family member. Will it be subject to Medical Liens?

That depends. If your family member's claim is based on personal injuries and/or emotional distress, it could be subject to Medical Liens associated with that family member's compensable, injury-related medical care.

165. What happens if I do not resolve my Medical Liens?

If Medical Liens are not properly resolved, your health plan could stop paying for your medical bills or stop providing you with other benefits. A healthcare insurer's right to place a Lien on your award may be protected by law. This may obligate you to work with the insurers to resolve any Liens claimed against your award.

166. Should I report my award to a government agency or private insurer to whom I have a known lien obligation?

No. Do not report your award to any agency/insurer with whom the Lien Resolution Administrator is affirmatively resolving Medical Liens. Those agencies/insurers include Medicare (Parts A and B), Medi-Cal (California Medicaid), and PLRP Participating Private Health Plans (the list of PLRP Participating Private Health Plans is posted to the Home page in your Portal under Alerts), in addition to any potential Medical Liens from the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, and other state (non-California) Medicaid disclosed in the Claims Questionnaire.

If you are aware of potential Lien obligations with other agencies/insurers, contact the applicable agency/insurer to determine what obligation you may have.

167. What if I identified a medical insurer on my Claims Questionnaire?

The Claims Questionnaire asked you to provide information about medical insurance used to cover any treatments for injuries related to your claim. Depending on the type of claim you make and the Claims Administrator's determination, the insurance information you provide may be used to contact and give notice to the insurer. Specifically, the Lien Resolution Administrator will affirmatively resolve any potential Medical Liens from the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, and other state (non-California) Medicaid disclosed in the Claims Questionnaire. If you do not provide the Lien Resolution Administrator with enough information to contact the insurer or the insurer does not provide the Lien Resolution Administrator with the information it needs, you are responsible for resolving the potential Lien.

168. How do I know if I am subject to any potential Medical Lien withholdings?

The Claims Administrator posted a report (FVT 2633) to Portals that shows entitlement, Medical Lien statuses, holdback amounts while Liens are in the process of being finalized, and the amount of any withholding for finalized Medical Liens that Lien Resolution Administrator is resolving. All data in the FVT 2633 is as of the date of the report. The Claims Administrator will continue to add Claimants to the FVT 2633 until it reflects all Claimants with a submitted Claims Questionnaires. If you are represented by a lawyer, your lawyer will be able to provide you with this information. If you are not represented by a lawyer and do not use a Portal, email the Lien Resolution Administrator at LRA@firevictimtrust.com or call (888) 664-1152 with any questions about your entitlement and Medical Lien statuses.

Keep in mind that a holdback amount for Medical Liens does not necessarily mean that a Lien obligation exists that will require repayment.

169. I received a 30% and/or 45% *pro rata* payment already; will the Trust withhold funds from my next *pro rata* payment?

The Trust did not withhold funds for Medical Liens from any payments issued before the 45% Increased Pro Rata Payment Percentage Announcement on 2/1/22. If you received a 30% pro rata payment before 2/14/22 and/or a 45% pro rata payment before 1/30/23, the Trust may withhold funds for Medical Liens from your future pro rata payment(s) based on the Net Claim Amount paid to date for Personal Injury and Emotional Distress Claims.

Those who have received 45% payments will receive a 15% “true-up” payment to reach 60%, and the Trust will apply an additional holdback against the 15% payment only for those Claimants with unresolved Lien obligations where the Lien Resolution Administrator does not yet have a Claimed Lien Amount from the insurer/agency.

170. If I did not receive a *pro rata* payment before 1/30/23 and become eligible for payment, will the Trust withhold funds from my award?

Yes, if your award includes an eligible Personal Injury or Emotional Distress Claim and you have potential Medical Lien obligations, the Trust will withhold for Medical Liens.

171. Is there a maximum amount that the Trust will withhold from my Personal Injury or Emotional Distress Claim payment for Medical Liens?

For most Claimants, the maximum amount that the Trust will withhold is 33% of amounts paid to date. The specific amount withheld is unique to each Claimant and depends on the severity of your injuries; how many treatments you received for those injuries; whether you are or ever were a beneficiary of Medicare, Medi-Cal, or a PLRP Participating Private Health Plan; and the status of any Medical Liens asserted against your award. In the rare event that the funds held back from your *pro rata* payment(s) are

insufficient to satisfy 100% of your Medical Lien obligations, the Lien Resolution Administrator will continue to hold back and pay up to 33% of any future *pro rata* payment(s) towards satisfying those Liens.

If you opted out of the PLRP and would otherwise be covered under that agreement, and you received medical treatment for injuries you submitted on your Claims Questionnaire, the Trust will withhold 100% of your *pro rata* payments for Personal Injury or Emotional Distress Claim awards issued after 2/14/22 until the Lien Resolution Administrator receives sufficient proof of satisfaction and discharge of the Lien.

	AGENCY/INSURER	HOLDBACK CAP (of Net Claim Amount for ED/PI Claim payments to date)
1.	Medicare	33%
2.	Medi-Cal/Other State Medicaid disclosed in the Claims Questionnaire	33%
3.	VA, TRICARE, Indian Health Services, and Other State Medicaid disclosed in the Claims Questionnaire	30%
4.	PLRP	25% for Part C Plans & 22.5% for Non-Part C Plans
5.	PLRP Opt Outs	100%

The Trust will adjust any amount withheld as Medical Lien resolution takes place and Liens are satisfied and discharged or released. When the final Lien amount is determined, the Trust will use the withheld funds to pay the lienholder and pay the Claimant any remaining funds.

172. Will Medical Lien holdbacks or deductions paid to a lienholder consider any attorneys' fees and costs that may also be owed to a law firm from a Trust payment?

In addition to the Lien Caps, the Lien Resolution Administrator's agreements with insurers include procurement offset provisions that will automatically reduce any Lien by a certain percentage. Where Liens are resolved with insurers without a Trust-wide agreement, the Lien Resolution Administrator will work on a case-by-case basis to report fee/cost information to the insurer for offset consideration in establishing a final Lien amount. If you are an attorney and have questions about your fees/costs with respect to a Medical Lien holdback or payment, contact the Lien Resolution Administrator at LRA@firevictimtrust.com or call 1-888-664-1152.

173. Can I object to the Medical Lien(s) asserted against my award?

If a PLRP Participating Private Health Plan asserts a Lien against your award and after the Lien Resolution Administrator's audit that Lien is greater than \$0, the Lien Resolution Administrator will calculate your Proposed Payable Lien Amount and present

that to you. You may object to the Proposed Payable Lien Amount within 21 calendar days of when the Lien Resolution Administrator presents it to you.

For Medicare and Medi-Cal, as well as any Liens from the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, other state (non-California) Medicaid disclosed in the Claims Questionnaire, and Liens for which the Trust receives notice from a governmental agency that is not the VA, TRICARE, or Indian Health Services or Liens for which the Trust receives notice from a private healthcare insurer not participating in the PLRP, the Lien Resolution Administrator will audit the Lien amount claimed by the agency/insurer to ensure the claims align with your compensable injuries, and the agreed-upon Lien amount after that audit is the Final Lien Amount.

174. I received a letter from Medicare/CMS; should I respond to it?

No. The Lien Resolution Administrator performs the healthcare administrative tasks for the Trust, including identifying and resolving Medical Liens from Medicare (Parts A and B). It is important that you do not contact Medicare directly to respond to a Conditional Payment or other type of letter. The Lien Resolution Administrator will work directly with CMS to resolve any potential Lien obligations. Your attempts to resolve the Liens yourself could cause duplication or delay in the recovery process and award payment.

If you receive any Lien documentation from Medicare, forward it immediately to the Lien Resolution Administrator by one of these methods:

- (a) Email: To LRA@firevictimtrust.com;
- (b) Facsimile: By facsimile to (804) 521-7299, ATTN: LRA;
- (c) Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260, ATTN: LRA; or
- (d) Delivery: By overnight carrier to Fire Victim Trust, c/o BrownGreer PLC, 250 Rocketts Way, Richmond, VA 23231, ATTN: LRA.

175. I received a letter from Medi-Cal or another state's Medicaid agency; should I respond to it?

No. The Lien Resolution Administrator performs the healthcare administrative tasks for the Trust, including identifying and resolving Medical Liens from Medi-Cal (California Medicaid) and other state Medicaid agencies disclosed in the Claims Questionnaire. It is important that you do not contact the agency directly to respond to a letter. The Lien Resolution Administrator will work directly with the agency to resolve any potential Lien obligations. Your attempts to resolve the Liens yourself could cause duplication or delay in the recovery process and award payment.

If you receive any Lien documentation from Medi-Cal or any other, state Medicaid agency disclosed in the Claims Questionnaire, forward it immediately to the Lien Resolution Administrator by one of these methods:

- (a) Email: To LRA@firevictimtrust.com;
- (b) Facsimile: By facsimile to (804) 521-7299, ATTN: LRA;
- (c) Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260, ATTN: LRA; or
- (d) Delivery: By overnight carrier to Fire Victim Trust, c/o BrownGreer PLC, 250 Rocketts Way, Richmond, VA 23231, ATTN: LRA.

176. I received a letter from a PLRP Participating Health Plan and did not opt out of the PLRP; should I respond to it?

No. The Lien Resolution Administrator performs the healthcare administrative tasks for the Trust, including identifying and resolving Medical Liens from private insurers/health plans that participate in the PLRP (the list of PLRP Participating Private Health Plans is posted to the Home page in your Portal under Alerts). It is important that you do not contact any of these insurers/health plans directly to respond to a letter. The Lien Resolution Administrator will work directly with all PLRP Participating Private Health Plans to resolve any potential Lien obligations. Your attempts to resolve the Liens yourself could cause duplication or delay in the recovery process and award payment.

If you receive any Lien documentation from a PLRP Participating Private Health Plan, forward it immediately to the Lien Resolution Administrator by one of these methods:

- (a) Email: To LRA@firevictimtrust.com;
- (b) Facsimile: By facsimile to (804) 521-7299, ATTN: LRA;
- (c) Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260, ATTN: LRA; or
- (d) Delivery: By overnight carrier to Fire Victim Trust, c/o BrownGreer PLC, 250 Rocketts Way, Richmond, VA 23231, ATTN: LRA.

Only if you opted out of the PLRP should you respond to the letter directly.

177. I have a private medical insurance plan that is not participating in the PLRP. Can they claim a Lien on my award?

Private insurance plans do not usually carry an obligation to withhold payment of settlement funds, like awards. However, most private insurance* plan documents (such as a contract or a plan booklet) contain provisions that require you to notify the insurer of any illness or injury that can be attributed to a third party. When this happens, and if you receive compensation from the third party, the insurer may demand repayment from that compensation. If you fail to comply with these provisions in your insurance plan, the company can take action against you later or deny future benefits.

If you receive notice of a potential Lien from a private insurer not participating in the PLRP, it is your (or your lawyer's, if you are represented) responsibility to satisfy any potential Lien obligation outside the Trust.

* Reminder: Private health insurance coverage is offered through private, non-governmental entities. Private insurance policies are commonly referred to as insurance "plans." Examples of private healthcare insurance include coverage provided by your (or a family member's) employer or that you purchased from an insurance company. Private insurance plans often refer to the policy holder as a "subscriber" or "plan member."

178. I received a letter from the Department of Veteran Affairs (VA & CHAMP VA), TRICARE, or Indian Health Services; should I respond to it?

No. The Lien Resolution Administrator performs the Healthcare Lien administrative tasks for the Settlement Program, including identifying and resolving any potential Medical Liens associated with the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, or Indian Health Services disclosed in the Claims Questionnaire. It is important that you do not contact the agency directly to respond to a letter. The Lien Resolution Administrator will work directly with the agency to resolve any potential Lien obligations. Your attempts to resolve the Liens yourself could cause duplication or delays in the recovery process and award payment.

If you receive any Lien documentation from the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, or Indian Health Services, forward it immediately to the Lien Resolution Administrator by one of these methods:

- (a) Email: To LRA@firevictimtrust.com;
- (b) Facsimile: By facsimile to (804) 521-7299, ATTN: LRA;
- (c) Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260, ATTN: LRA; or
- (d) Delivery: By overnight carrier to Fire Victim Trust, c/o BrownGreer PLC, 250

Rocketts Way, Richmond, VA 23231, ATTN: LRA.

- 179. I received a letter from a private healthcare insurer or governmental agency that is not a PLRP Participating Private Health Plan, the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, or a non-California state Medicaid agency that was disclosed in the Claims Questionnaire; should I respond to it?**

Yes, you should respond to the letter directly. You (or your lawyer, if you are represented) are responsible for resolving Medical Liens from (1) private insurers that are not participating in the PLRP; (2) government agencies that are not Medicare (Parts A and B) and Medi-Cal (California Medicaid); and (3) any Liens from the Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, or non-California state Medicaid agencies that were not disclosed in the Claims Questionnaire.

- 180. Who pays my Medical Liens?**

The Trust will pay Medical Liens directly to Medicare (Parts A and B), Medi-Cal (California Medicaid), and PLRP Participating Private Health Plans, in addition to Department of Veterans Affairs (VA & CHAMP VA), TRICARE, Indian Health Services, and other state (non-California) Medicaid disclosed in the Claims Questionnaire on your behalf, where those Medical Liens are resolved by the Lien Resolution Administrator. These Medical Lien payments will come from your Personal Injury and/or Emotional Distress awards, and not from awards you receive for any other Claim Types.

You are responsible for paying Medical Liens to any private insurer or government agency with whom you resolve such Liens directly.

- 181. If my finalized Medical Liens are less than what the Trust withheld from my *pro rata* payment, will I receive the difference?**

Yes, the Trust will reduce your total holdback as any applicable Medical Lien obligations are finalized or released and pay the previously withheld funds to you.

- 182. What happens if more than one Lien exceeds the gross awards paid to date and there is not enough money to pay all of the Liens in full?**

For those Claimants who did not opt out of the PLRP, Medical Liens alone will never consume an entire payment because they are capped at 33%. In those situations where Medical Liens in combination with Non-Medical Liens exceed the payment amount, Liens will be paid in this order until the payment amount is used up, unless in a particular claim a different resolution method is agreed upon:

- (a) Medicare (Parts A and B).
- (b) Medi-Cal/Medicaid.

- (c) The Department of Veterans Affairs (VA & CHAMP VA), TRICARE, and Indian Health Services.
- (d) PLRP Participating Health Plans.
- (e) Other Liens according to a “first in time, first in right” policy in the date order in which the debt was perfected with, or recognized by, the applicable court or agency.

XVI. Private Lien Resolution Program Agreement

183. What is the Private Lien Resolution Program (“PLRP”)?

The Lien Resolution Administrator reached agreements with the Rawlings Group, Equian, and Optum to resolve Medicare Part C and private health insurance Liens for two types of Claimants:

- (a) Exempt:** Claimants who are found by the Claims Administrator to have received no treatment or limited treatment for an injury. The Rawlings Group, Equian, and Optum and their clients will NOT pursue recovery from any Claimant in these groups, meaning there will be no associated repayment obligations or holdbacks.
- (b) Non-Exempt:** Claimants who are found by the Claims Administrator to have received more than two distinct healthcare evaluations or office visits for an injury. The Lien Resolution Administrator will share necessary information with the Rawlings Group, Equian, and Optum to identify and resolve applicable Medical Liens

184. Are Non-Exempt Claimants required to participate in the PLRP?

No. Any Non-Exempt Claimant who does not want to participate in the PLRP must opt out of the PLRP. To opt out, Claimants (or their lawyers, if represented) must email the Claims Administrator with the names and Claimant IDs of those individuals who wish to opt out of the PLRP. The deadline to opt out of the PLRP passed on February 22, 2021. If you want to opt out now, contact the Claims Administrator as soon as possible, and the Claims Administrator will advise as to whether the late request can be accepted.

For Claimants who opted out of the Private Lien Resolution Program and received medical treatment for injuries on the submitted claim, the Trust will withhold 100% of any awards for Personal Injury or Emotional Distress Claims until the Lien Resolution Administrator receives sufficient proof of satisfaction and discharge of the Lien. When the final Lien amount is determined, the Trust will use the withheld funds to pay the lienholder and pay the Claimant any remaining funds.

185. What happens if I do not opt out of the PLRP?

The Rawlings Group, Equian, Optum, and the Lien Resolution Administrator will work together to determine the amount of injury-related healthcare paid by your health plan. The Rawlings Group, Equian, and Optum will provide the Lien Resolution Administrator with

any insurance claims related to your injuries, and the Lien Resolution Administrator will review those insurance claims to confirm that they are related to your compensable injuries. After the Lien Resolution Administrator completes this audit of the insurance claims provided by the Rawlings Group, Equian, and/or Optum, the Claims Administrator will apply approved reductions to lower your repayment obligations. You (or your lawyer, if you are represented) will have 21 days to approve or appeal the final repayment amount.

186. What approved reductions will the Claims Administrator apply to repayment obligations under the PLRP?

After the Lien Resolution Administrator's audit of the insurance claims asserted by your health plan, your repayment obligation will be reduced by 40%. For example, if the plans participating in the PLRP provide \$12,000 in insurance claims related to your injuries, of which only \$10,000 is confirmed by the Lien Resolution Administrator to be related to your compensable injuries, the \$10,000 will be reduced by 40%, down to \$6,000. This reduced amount also cannot exceed the Lien cap set by the PLRP.

187. What Lien caps are set by the PLRP?

The PLRP includes caps to limit the amount that will be repaid from any individual Claimant's award. All PLRP Liens will be satisfied from only the portion of the Claimant's awards for Personal Injury and Emotional Distress Claims related to medical care, and not from any other economic-based Claims and awards. After deducting any amounts paid by the Claimant to other governmental lienholders, a Claimant's Liens will never exceed:

- (a) 25% of the Net Claim(s) amount paid to date for Medicare Part C plans; or
- (b) 22.5% of the Net Claim(s) amount paid to date for private and other plan types.

In the rare event that the first 25% or 22.5% holdback from your *pro rata* payment(s) is insufficient to satisfy 100% of your PLRP Lien obligations, the Lien Resolution Administrator will continue to hold back and pay up to 25% of any future *pro rata* payment(s) towards satisfying the Lien(s).

188. Am I responsible for paying the costs associated with resolving my Medical Liens through the PLRP?

No. There will be no direct costs to you for the assistance and expertise provided by the Claims Administrator and Lien Resolution Administrator to administer the PLRP.

189. What happens if I opt out of the PLRP?

If you opt out of the PLRP, you (or your lawyer, if you are represented) will be responsible for obtaining either a final Lien amount or confirmation that the private health insurer has no interest in your award. The Claims Administrator will hold back

funds from any Personal Injury Claims or Emotional Distress Claims related to medical care until you or your lawyer submits sufficient proof that any reimbursement interest from the insurers disclosed in the Claims Questionnaire has been resolved.

190. What if I have medical expenses covered by a health insurance plan that is not part of the PLRP?

If you claimed an injury that required treatment and your insurer disclosed in the Claims Questionnaire is not a PLRP Participating Private HealthPlan, then any potential Lien(s) will be your responsibility to resolve outside the Trust, and the Claims Administrator will not withhold any funds from your award for those potential Lien(s).

XVII. Non-Medical Liens

191. What is a Lien?

A Lien is a legal right through which someone claims a legal obligation to withhold payment from an award. The person or entity claiming the Lien is called a lienholder.

192. What Non-Medical Liens will the Claims Administrator pay out of an award?

The Claims Administrator will need to address the following kinds of Non-Medical Liens asserted by lienholders:

(a) Attorney Liens. An Attorney Lien is a Lien for an attorney's fees and costs for work that the lawyer performed in connection with representing a Claimant at the time of filing its Proof of Claim in the Chapter 11 Cases or at any time thereafter in connection with the Claimant's Fire Victim Trust Claim(s).

(b) Other Liens, which include:

- (1) Child Support Liens. These are Liens from a federal or state child support agency for unpaid child support arrears.
- (2) Tax Liens. These are Liens from a federal, state, or local tax agency for unpaid tax obligations.
- (3) Judgment Liens. These are Liens for a debt based on a contract, business, loan, or any other debt enforced in a final judgment entered against the Claimant by a federal or state court.
- (4) UCC-1 Perfected Security Interest Liens. These are Liens evidenced by a UCC-1 filing and a security agreement granting a security interest in general intangibles, payment intangibles, or the proceeds of a Fire Victim Trust Claim.

193. Are there any debts that the Claims Administrator will not pay?

The Claims Administrator will not pay claims for debts owed by anyone other than the Claimant, including those against a Claimant's lawyer.

194. How does a lienholder notify the Trust of an Attorney Lien or other Non-Medical Lien?

Lienholders should notify us of a Lien by one of the following methods:

- (a) Email: By email to NonMedicalLiens@firevictimtrust.com, using a secure and encrypted method.
- (b) Facsimile: By facsimile to (804) 521-7299, ATTN: FVT Liens.
- (c) Mail: By mail to Fire Victim Trust, P.O. Box 25936, Richmond, VA 23260, ATTN: FVT Liens.
- (d) Delivery: By overnight carrier to Fire Victim Trust, c/o BrownGreer PLC, 250 Rocketts Way, Richmond, VA 23231, ATTN: FVT Liens.

Child support agencies can provide a mass Income Withholding Order to the Claims Administrator, accompanied by a data file with the name and Tax Identification Number of the persons who owe child support debts in the respective state to provide notice of Child Support Liens.

If you are the Claimant's current lawyer and believe that Lien payments may interfere with recovery of your attorney's fees and costs, contact the Claims Administrator at NonMedicalLiens@firevictimtrust.com to ensure your fees and costs are protected.

195. What information is required to assert an Attorney Lien or Other Lien?

A lienholder must submit the following information to the Claims Administrator:

- (a) Sufficient information to identify the Claimant who is alleged to owe the debt (such as the Claimant's full name or business name, Social Security Number, Taxpayer Identification Number, Foreign Identification Number, Date of Birth, or Claimant ID);
- (b) The amount of the debt owed; and
- (c) Documentary proof that the Claimant owes a debt to the party asserting the Lien and there is a legal obligation to withhold payment. The documentary proof for each Lien type is:
 - (1) Attorney Liens: Written notice of an Attorney Lien provided to the Claims Administrator by one of the specified methods; a copy of the attorney's retainer

agreement signed by the Claimant; and, if the assertion includes costs in addition to fees, the attorney must give us the dollar amount of those costs.

- (2) Child Support Liens: An individual Income Withholding Order, a Notice of Income Assignment, or a substantially similar document establishing the current child support debt.
- (3) Tax Liens: A Notice of Levy, a Notice of Freeze, or a substantially similar document from the federal, state, or local tax agency establishing the current amount of the tax debt.
- (4) Judgment Liens: A copy of a file-stamped final judgment against the Claimant entered in federal or state court establishing the debt under applicable federal or state law.
- (5) UCC-1 Perfected Security Interest Liens: A copy of a security agreement signed by the Claimant in which the Claimant grants the lienholder a security interest in the Claimant's general intangibles, payment intangibles, or the proceeds of a Fire Victim Trust Claim; and a copy of a UCC-1 Financing Statement with evidence of filing with the appropriate office.

The Claims Administrator reviews the information and sends the lienholder an email or a letter to acknowledge receipt of the assertion, confirm the lienholder's contact information, and inform the lienholder if further information or documentation about the Lien is required.

To honor the Lien, the Claims Administrator must receive complete Claimant-identifying information and documentary proof before it begins processing an award. Failure to timely submit the information and documentation will result in the waiver of the lienholder's right to assert a Lien against the award.

196. What happens after a lienholder submits the required information and documents for a valid Lien?

The Claims Administrator will place a hold on an appropriate portion of any payment(s) that may be made to the affected Claimant and issue a Notice of Lien to the Claimant and the lienholder.

197. How does a Claimant know whether there is an Attorney Lien or Other Lien against it?

The Claims Administrator will issue a Notice of Lien for each Lien asserted against an award along with copies of the supporting documents from the lienholder after the Claimant submits a Claims Questionnaire. The Claimant will be asked to respond to the notice either to consent to or dispute the Lien.

***Note for Attorneys:** If you are a Claimant's current lawyer and believe that Lien payments may interfere with recovery of your attorney's fees and costs, contact the Claims Administrator at NonMedicalLiens@firevictimtrust.com to ensure your fees and costs are protected.*

198. How does a Claimant respond to the Notice of Lien?

The Notice of Lien will provide instructions for the Claimant to tell the Claims Administrator whether it consents to or disputes the Lien. If the Claimant does not respond by the deadline listed at the top of the Notice of Lien, the Claims Administrator will treat it as a disputed Lien. The lienholder does not have to respond to the Notice of Lien.

199. What happens if the Claimant disputes a Lien?

The Claims Administrator will issue the Claimant and the lienholder a Notice of Duty to Resolve Lien Dispute with instructions that the parties must resolve the dispute between themselves. The notice will explain that the Claims Administrator will withhold enough money to pay the Lien, to the extent funds are available, until the dispute is resolved.

200. Who resolves disputes over Attorney Liens and Other Liens?

Neither the Trustee, the Claims Administrator, nor the Claims Processor participate in the resolution of Lien disputes. The parties must resolve the dispute between themselves. If the Claimant disputes or fails to consent to an Attorney Lien or Other Lien, the Claims Administrator will withhold an amount sufficient to satisfy the Lien, to the extent funds are available, until the parties advise the Lien is resolved.

201. How will the withheld funds for an Attorney Lien or Other Lien be paid after a Lien dispute is resolved?

The Claims Administrator will disburse the withheld funds in accordance with the written agreement or the final decision.

202. How and when is an Attorney Lien or Other Lien paid?

If a Claimant consents to the Lien, the Claims Administrator will deduct the Lien amount from the award, to the extent funds are available, and will pay the Lien amount to the lienholder to the extent funds are available.

If a Claimant disputes the Lien, the Claims Administrator will withhold an amount sufficient to satisfy the Lien, to the extent funds are available, until one of the following things happens:

- (a) The Claims Administrator receives notice of satisfaction and discharge of the Lien from the lienholder;
- (b) The Claims Administrator receives a signed, written agreement from the Claimant and the lienholder telling the Claims Administrator how to pay the withheld money; or
- (c) For Judgment Liens, the Claims Administrator receives a copy of a modifying court order or statement of complete or partial satisfaction of the debt.

203. Will a Claimant be notified when the Claims Administrator pays an Attorney Lien or Other Lien?

The Claims Administrator will issue a Notice of Lien Payment to the Claimant. The notice will include the date of the Lien payment, the lienholder, and the amount of the payment.

204. Whom do I contact with questions about Attorney Liens and Other Liens?

Contact the Claims Administrator by email to NonMedicalLiens@firevictimtrust.com.

XVIII. Preliminary Payments

205. What is a Preliminary Payment?

A Preliminary Payment is an advanced payment that the Trust will issue to Claimants to help address the extreme hardships they are facing as a result of the pandemic and the recent and ongoing wildfires.

206. Who is eligible to receive a Preliminary Payment?

To be eligible for a Preliminary Payment from the Trust, a Claimant must: (1) have a claim related to an Included Fire; (2) have timely filed a Proof of Claim (*i.e.*, have filed a Proof of Claim with the Bankruptcy Court by December 31, 2019); (3) submit a Claims Questionnaire containing as much information as is available about applicable real and personal property, personal injury, wrongful death and other claimed damages; and (4) satisfy other eligibility criteria.

207. How do I apply to receive a Preliminary Payment?

There is no separate application process for a Preliminary Payment. Rather, to be considered for a Preliminary Payment, you must have signed under penalty of perjury and submitted a Claims Questionnaire.

208. What are the eligibility requirements for a Preliminary Payment?

The Claims Administrator, in coordination with the Claims Processor and other Trust Professionals, will review all signed and submitted Claims Questionnaires to determine if they contain as much information as is currently available about applicable real and personal property, personal injury, wrongful death, and other claimed damages. The Claims Administrator will then estimate the probable final claim value of the submitted claim(s), analyzing information including but not limited to:

- (a) The contents of the Claims Questionnaire and all supporting documents;
- (b) Publicly available real estate, construction cost, and personal property replacement cost data; and
- (c) Offsets for fire and casualty insurance policy limits, FEMA payments, and Wildfire Assistance Program payments.

After the Claims Administrator and Trust professionals complete their review confirming compliance with eligibility requirements, the Trustee may authorize a Preliminary Payment of up to 30% of an eligible *pro rata* determination for one or more individual Claims that the Claims Administrator and Trust Professionals have adjudicated.

209. What information and supporting documents do I need to provide to receive a Preliminary Payment?

To be considered for a Preliminary Payment, you must have signed under penalty of perjury and submitted a Claims Questionnaire.

You are not required to provide any supporting documents to receive a Preliminary Payment; however, the Trust will evaluate supporting documents that you submit with your Claims Questionnaire to estimate the probable final value of your claim(s) to determine whether you are eligible for a Preliminary Payment.

210. What is the award amount for Preliminary Payments?

The Trust will authorize Preliminary Payments of up to 30% of an eligible *pro rata* determination for one or more individual Claims that the Claims Administrator and Trust Professionals have adjudicated. The precise Preliminary Payment amount will be determined on a case-by-case basis, depending on: (1) the contents of a Claims Questionnaire and all supporting documents; (2) publicly available real estate, construction cost, and personal property replacement cost data; and (3) offsets for fire and casualty insurance policy limits, FEMA payments, and Wildfire Assistance Program payments.

211. If the Trustee and Claims Administrator determine that I am eligible for a Preliminary Payment, will I receive that amount for each claim reflected on my Claims Questionnaire?

If you submitted a Claims Questionnaire and have not received a Determination Notice with a lump sum amount, you may receive up to 30% of an eligible *pro rata* determination for one or more individual Claims that the Claims Administrator and Trust Professionals have adjudicated.

212. If I submitted a Real Property Claim as a co-owner of a property and am eligible for a Preliminary Payment, how will the Trust allocate the Preliminary Payment among all co-owners?

If the Trustee determines that a Real Property Claim is eligible for a Preliminary Payment, the Trust will allocate the Preliminary Payment among all co-owners of the property, according to their individual ownership percentages.

213. If I submit additional claims or supporting documents, will the Trust consider issuing a true-up payment to me for the remaining amount?

The Trustee intends for Preliminary Payments to be one-time disbursements to help Claimants address the extreme hardships they are facing as a result of the pandemic and the recent and ongoing wildfires while the Trust is processing claims to final determinations. Preliminary Payment determinations are not appealable. However, the Trust will consider issuing true-up payments to Claimants who submit additional claims or supporting documents as the Claims Administrator and Trust Professionals complete their evaluation of individual claims for *pro rata* determinations.

214. Will the Trust notify me if I am eligible for a Preliminary Payment?

Yes. The Trust will issue a Notice of Preliminary Payment informing you, or your lawyer, if you are represented, of the Preliminary Payment amount. The notice will be informational-only, advising you of the forthcoming payment.

215. Can I appeal a Preliminary Payment determination?

No, the Preliminary Payment determination is not appealable.

216. Will the Preliminary Payment be offset from the final value of my claim?

Yes. If you receive a Preliminary Payment, it will be credited against and offset from the value of your Approved Claim(s).

217. When did the Trust begin issuing Preliminary Payments?

The Trust began issuing Preliminary Payments on November 23, 2020 and will continue to award Preliminary Payments on an ongoing basis as the Claims Administrator and Trust Professionals complete their evaluation of individual claims for *pro rata* determinations. The Trust will disburse these payments to the primary law firm of represented Claimants and will distribute awards to *pro se* Claimants directly to each Claimant.

218. Do I need to sign a Release before receiving a Preliminary Payment?

While the issuance of Preliminary Payments does not change the Release requirements provided in the Fire Victim Trust Agreement and Claims Resolution Procedures, you are not required to submit an executed Release before receiving a Preliminary Payment.

XIX. Payments - Generally

219. As a Claimant, will my award be issued to my lawyer or directly to me?

If you are represented by a lawyer and entitled to an award, the Trust will issue your payment to your law firm. Your law firm will then pay funds to you according to whatever representation agreement you have in place.

If you are not represented by a lawyer, the Trust will issue your payment directly to you, in accordance with the payment instructions you provided on your Payment Election Form.

220. What documents are required for a law firm to receive payment from the Trust?

Each law firm is required to submit a Payment Election Form (“PEF”) and a W-9 Form through the law firm’s Portal. The law firm’s authorized designee should use the Law Firm’s information to complete the PEF and W-9 Form.

221. By what methods can a law firm choose to receive payment from the Trust?

Law firms can elect to receive payments by ACH Electronic Payment or check.

222. What documents are required for an unrepresented Claimant to receive payment from the Trust?

Each unrepresented Claimant entitled to an award is required to submit a Payment Election Form (“PEF”) through the Portal. Each Claimant entitled to an award must submit their own PEF. Some Claimants must also submit W-9 Forms to receive payment for certain Claim Types and circumstances.

223. By what methods can an unrepresented Claimant choose to receive payment from the Trust?

All unrepresented Claimants can receive payments by ACH Electronic Payment or check. In addition, unrepresented Claimants who are classified as an Individual can also receive payments by *Zelle*®.

224. What is *Zelle*®?

Zelle is a payment app that allows you to send and receive money from your mobile device. You may access *Zelle* through your bank’s website and mobile app (if offered) or through the *Zelle* app linked to your debit card. To set up a *Zelle* account, contact your bank or financial institution. If you select the *Zelle* payment option, you agree to be bound by the [Zelle Network® User Service Agreement](#). If you select payment by *Zelle*, you must sign up for *Zelle* via the *Zelle* app or website before the Fire Victim Trust issues the payment. Check with your bank or financial institution for any payment or credit limitations that may prevent the *Zelle* payment from being sent to you successfully.

225. What do I have to give the Fire Victim Trust to receive money with *Zelle*®?

All you need to give the Fire Victim Trust is your email address or U.S. mobile number—whichever you used to register with *Zelle*. The Payment Election Form section on your Portal includes step-by-step instructions on how to register with *Zelle*.

226. Is a Fire Victim Trust payment a taxable payment?

We are not in a position to provide guidance about the tax consequences of payments from the Fire Victim Trust. We suggest that Claimants consult with their tax advisors about such questions.

227. Are Fire Victim Trust payments exempt from being treated as income for state or federal benefit program?

We are not in a position to provide guidance about tax or eligibility implications of payments from the Fire Victim Trust. We suggest that Claimants speak with a tax advisor or representative from the state or federal benefits group for more information about their specific situations.

228. Will the Trust issue a Form 1099 to me for payments that I receive from the Trust?

If you are represented by an attorney, the Trust will issue a Form 1099 to your law firm for your total award amount, regardless of which Claim Types your award represents, for all Preliminary Payments and *pro rata* payments upon Final Determinations made within the given tax year. If you are not represented by an attorney, the Trust will issue the Form 1099 directly to you to the extent the underlying award(s) are potentially subject to IRS reporting requirements.

It is your responsibility to make appropriate disclosures when and where necessary to the IRS and/or state taxing authorities. If you have questions about your potential tax obligations, you should consult with your tax advisor, CPA, or tax preparer.

229. Does the Trust have a procedure in place for an individual law firm to establish and receive payments through a qualified settlement fund (QSF)?

Yes. If an individual law firm determines it would like to establish a qualified settlement fund on an individual firm basis for Fire Victim Claimants, some of who may be minors or adult persons with a disability, that law firm must follow the procedures outlined in Special Master Order No. 1: Procedure for Filing Qualified Settlement Fund Motions, available [here](#).

XX. Timeline for Processing Claims for *Pro Rata* Payments

230. What are the requirements to receive a *pro rata* payment?

For a Claimant to receive a *pro rata* payment, the Claimant must have:

- (a) Submitted a signed Claims Questionnaire advancing at least one eligible Claim Type;
- (b) Submitted supporting documents establishing the validity of the claims described in the Claims Questionnaire (To the extent that a submitted Claims Questionnaire contains any deficient claims, the Claimants identified on that Claims Questionnaire cannot receive a Determination Notice or a *pro rata* payment until the deficiency is cured);

- (c) Received a Determination Notice indicating that the Trust has evaluated the claims in question and found at least one to be eligible for an Approved Claim Amount; and
- (d) Affirmatively accepted the Approved Claim Amount in the Determination Notice by responding to that notice on the Portal.

The Claimant (or the Claimant's law firm, if represented) must have provided payment instructions using the Trust's Payment Election Form, together with a signed Form W-9.

231. What is a Deficiency Notice?

In reviewing each submitted Claims Questionnaire, the Claims Administrator will evaluate all supporting documents provided by the Claimant. If a claim is missing documents or information required for the Trust to evaluate the claim, the Claims Processor will issue a Deficiency Notice to explain what is required to substantiate the claim in question. For example, each Real and Personal Property Claim must include documentation detailing any insurance policy applicable to the property that is the subject of the claim, because without that information the Claims Administrator cannot determine the value of the Real and Personal Property Claim.

The Claims Processor began issuing Deficiency Notices on 1/31/21 and will continue doing so as necessary until all claims are adjudicated. Claimants may receive separate Deficiency Notices for each Claim Type asserted on a Claims Questionnaire. To aid Claimants and their attorneys in anticipating and resolving deficiencies, the Claims Administrator published documents on the Fire Victim Trust Pro Se Portal and Law Firm Portal enumerating the document requirements for each Claim Type and describing common documentary deficiencies associated with Wrongful Death, Physical Injury, Real Property, Zone of Danger, and Nuisance Claims.

232. What is an Amended Deficiency Notice?

The Fire Victim Trust will send an Amended Deficiency Notice if you previously responded to a Deficiency Notice and your claim remains incomplete after we have reviewed your response. The Amended Deficiency Notice explains what document(s) or information are missing that prevent us from concluding our review and making a final determination, and what you need to provide to address the item that is missing.

233. Why does my Amended Deficiency Notice report the same deficiency?

If the Amended Deficiency Notice reports the same Deficiency that was present on the prior Deficiency Notice, then the document(s) or information you provided did not adequately address what is missing from your claim. Carefully review the Amended Deficiency Notice for what is missing, and how you can address the issue.

234. Why does my Amended Deficiency Notice report a new deficiency?

If the Amended Deficiency Notice reports a new deficiency that was not present on your previous Deficiency Notice then the Trust has determined there is additional information needed to complete the review of your claim. This can happen when the information you sent in response to the original Deficiency Notice provides new context about your claim that was not available to the Trust when it was first reviewed, or if the documents or information you provided was partially, but not fully responsive. Carefully review the Amended Deficiency Notice for what is missing, and how you can address the issue.

235. What is a Determination Notice?

After completing its review of every Claim Type included in a submitted Claims Questionnaire and confirming that there are no deficiencies, the Trust will issue a Determination Notice. If the Claims Administrator finds that there are eligible claims, the Determination Notice will include a lump sum amount representing the aggregate value of all claims included in that Claims Questionnaire (the “Approved Claim Amount”).

The Determination Notice will address all claims included in a single Claims Questionnaire. For example, if the Claims Questionnaire included a Real and Personal Property Claim, two Zone of Danger Claims, and two Nuisance Claims, the Determination Notice will provide a lump sum award amount for all five claims collectively. For this reason, the Trust will only issue a Determination Notice after all claims included in a Claims Questionnaire have been reviewed, evaluated, and adjudicated. To the extent that any one claim is incomplete or otherwise unable to be processed, the Trust will not be able to issue a Determination Notice on any of the associated Claims included on the Claims Questionnaire until the Claimant has been notified of the deficiency and given time to cure.

The Claims Processor began issuing Determination Notices on 2/15/21. This date marked the beginning of a process that will continue until all claims are adjudicated. Claimants who have submitted at least one claim that is deficient or otherwise unable to be processed cannot receive a Determination Notice until those issues have been addressed.

If the Claimant receives a Determination Notice and chooses to accept the Approved Claim Amount, that will become the final determination of the claims included in the corresponding Claims Questionnaire. If the Claimant does not wish to accept the Approved Claim Amount, the Claimant will have the opportunity to request reconsideration of the submission and upload additional supporting documents.

236. When did the Trust start issuing *pro rata* payments?

The Trust began issuing *pro rata* payments on 3/15/21. The Trust will continue to disburse *pro rata* payments to eligible Claimants on the 15th and the last day of each month for the foreseeable future, until all claims are resolved.

237. How will the Trust make initial payments to Claimants?

The Fire Victim Trust is a limited fund; therefore, payments to eligible claimants must be made in installments. The Trust will follow the *pro rata* method required by the Fire Victim Trust Agreement for calculating the payment percentage associated with each Approved Claim Amount accepted by the Claimant. This means that Claimants will receive payments in *pro rata* installments as determined safe and reasonable by the Trustee and the Claims Administrator. There are several conditions that Claimants must meet before they can receive a *pro rata* payment, as described above.

238. What is the timeline for adjudication of all claims?

There are numerous factors that affect the Trust's ability to adjudicate claims, many of which are outside of the Claims Administrator's control. The Claims Administrator is working with great urgency to eliminate all impediments to the processing and payment of claims, while still adhering to the requirements of the Trust Agreement. This includes efforts to obtain insurance information necessary to adjudicate claims, coordination with government entities to provide inputs required for claim valuation, the establishment of claim review protocols that will ensure the fair treatment of every Claimant, and the evaluation of thousands of claims as they are submitted to the Trust. At this time the Claims Administrator cannot provide a specific date by which a Claimant will receive a Notice of Claim Deficiency or a Determination Notice. The Claims Administrator will remain committed to the swiftest possible adjudication of claims and the release of funds to qualifying fire victims in accordance with the requirements of the Fire Victim Trust Agreement.

XXI. Releases

239. Who must sign and submit Releases?

All Claimants must submit two Releases: either an Individual or Entity Release (depending on Claimant type), and a Mutual Made Whole Release. Adult Claimants and the Representatives for Minor, Incapacitated Adults, and Deceased Claimants must sign and submit the Individual Release and the Mutual Made Whole Release. Representatives for Business, Trust, Estate and Government Claimants must sign and submit the Entity Release and the Mutual Made Whole Release.

240. Why do I need to sign the Releases?

The Releases are required Trust documents. They were approved as part of the Bankruptcy Plan in the PG&E bankruptcy cases before the Trust's creation, and the

Bankruptcy Plan, Trust Agreement, and Claims Resolution Procedures require signed Releases from each Claimant. You can read more about Releases in Paragraph 48 of the Order Confirming the Debtors' Plan of Reorganization ([here](#)) and in Section VI. of the Fire Victim Claims Resolution Procedures ([here](#)).

241. How can I view, sign, and submit the Releases?

Releases will be available to sign in the Portal beginning September 1, 2023. Unrepresented Claimants with a finalized determination can view, sign, and submit the Releases directly on their Portal. Represented Claimants with a finalized determination will receive the Releases from their lawyers. For Claimants signing electronically through the Portal, the Portal will include a detailed walkthrough explaining how to sign and submit the documents.

Note: For a Representative signing on behalf of a Claimant, the Releases will not be available until you have submitted and the Trust has reviewed the supporting documents and confirmed your authority to act as a Representative on behalf of the Claimant. If you have questions, please review the FAQs specific to your Representative/Claimant type (i.e., representative acting on behalf of a minor, decedent, estate, trust or business).

The Individual Release, Entity Release, and Mutual Made Whole Release are included the Fire Victim Trust Agreement (available [here](#)) as Exhibit 4-A, 4-B, and 5, respectively. They were approved as part of the Bankruptcy Plan in the PG&E bankruptcy cases before the Trust's creation, and are referenced in and incorporated into the Bankruptcy Plan, Trust Agreement, and Claims Resolution Procedures.

242. If a Claimant has multiple Representatives, who should sign the Releases?

In cases where multiple Representatives have equal authority to act on behalf of a Claimant, any one of those Representatives may sign the Releases.

243. What do I do if I am signing the Release electronically through the Portal and the screen identifies someone who is no longer the Claimant's Representative?

If the Representative identified on the Portal Release screen no longer has authority to act on behalf of the Claimant, their signature on a Release will not be valid. Before signing any Release, ensure the Legal or Authorized Representative is correctly identified on the Portal. You can add or change a Representative Claimant through the Claimant Details Screen on your Portal. Click the Edit Claimant Details button, then add the name of a new Representative or edit an existing Representative. If you are unable to make this change on your own, contact us [here](#) for assistance.