

**SALAH V. CONSOLIDATED INDUSTRIES, INC., ET AL**  
**Santa Clara Superior Court Case No. CV 738376**  
*Including furnaces purchased from The Trane Company; Amana Company L.P.;  
Bard Manufacturing Company Inc.; & Goettl Air Conditioning, Inc.*

**PROOF OF CLAIM FORM**

**A: CLAIMANT INFORMATION (Please print or type)**

Claimant Name: \_\_\_\_\_  
*First Middle Last*

Home Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip Code*

Is the furnace located at the above-indicated address?  Yes  No

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Furnace Brand: (Check One)  Amana  
 American Best  
 American Standard  
 Goettl  
 Bard  
 Trane

Model Number of Furnace: \_\_\_\_\_

Serial Number of Furnace: \_\_\_\_\_

Date of Furnace Purchase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Continued on Next Side***

**B: CLAIMS INFORMATION**

Each class member will be provided with a free inspection of any qualifying furnace(s) that they own, as set forth in Section A. In connection with the inspection, if necessary, new replacement burners will be installed at no cost to the class member. The heat exchanger will also be replaced free of charge, if, during the inspection, it is determined that the original burners have opened or become severely cracked. In addition, any heat or flame-related damage to wood beneath or adjacent to the furnace will be repaired at no cost to the class member. Class members will also have the option to replace the furnace with a new replacement furnace of comparable size. The class member will be required to bear the costs incurred to install the replacement furnace. If the furnace has already been repaired or replaced, the class member may be eligible for recovery from a Settling Defendant if the proposed settlement is finally approved

*Please check only ONE response below,*

- I currently own the furnace indicated in Section A. I am requesting inspection of my furnace for possible repair or replacement. I have not previously requested or received an inspection of my furnace or any other remedies, from the distributor of the furnace. (If you have already requested an inspection through the CPSC Program, you do not need to file this Claim Form.)
  
- I currently own the furnace indicated in Section A.  
On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ I had the furnace indicated in Section A repaired. The repair cost incurred was \$\_\_\_\_\_. I would like to be reimbursed the lesser of a) the actual costs incurred for my repairs; or b) \$450 allowed to me by the proposed Settlement. I understand that I will only receive payment if the proposed Settlement is finally approved by the Court. I have enclosed all of the following REQUIRED documentation as support for my claim:
  - Date of the original repair service.
  - Proof of the costs I incurred to have my furnace repaired.
  - Proof that the furnace repair was directly related to the burner or damage caused by the heat exchanger.
  - Proof that the furnace was repaired *on or before* June 29, 2001.
  
- I am no longer the owner of the furnace indicated in Section A due to replacement.  
On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ I had the furnace indicated in Section A replaced. The replacement cost incurred was \$\_\_\_\_\_. I would like to be reimbursed the lesser of a) the actual costs incurred for replacing my furnace; or b) \$450 as allowed to me by the proposed Settlement. I understand that I will only receive payment if the proposed Settlement is finally approved by the Court. I have enclosed all of the following REQUIRED documentation as support for my claim:
  - Date of the replacement.
  - Proof of the costs I incurred to have my furnace replaced.
  - Proof that the furnace replacement was a direct result of the burner or that the damage was caused by the heat exchanger.
  - Proof that the original furnace was replaced *on or before* June 29, 2001.

**C: DECLARATION**

I hereby declare, under penalty of perjury, that the foregoing information contained in this Proof of Claim Form is true and correct to the best of my knowledge, available information, and belief.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Printed Name of Claimant

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Please remit form to: Office of the Clerk of the Court  
C/O Furnace Class Action Settlement  
P.O. Box 1613  
Faribault, MN 55021-1613**

**YOU MUST RETURN THIS PROOF OF CLAIM FORM POSTMARKED ON OR BEFORE OCTOBER 1, 2002,  
TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS, IN THE EVENT THE PROPOSED SETTLEMENT  
IS FINALLY APPROVED**