

**COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
CIVIL ACTION**

DANIEL BAER and ROSE BAER,	:	
through Stephen Baer as their Agent	:	
with Power of Attorney,	:	No. 2018-13760
for themselves and all others similarly	:	
situated,	:	
	:	
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
	:	
SHANNONDELL, INC.,	:	
and	:	
DELL MANAGEMENT SERVICES, INC.,	:	

Defendants.

**EXCLUSION REQUEST FORM**

**THIS IS NOT A CLAIM FORM. This form removes you from the Class, as defined by the Notice of Class Action. If you submit this form, you will not be eligible for any benefits achieved by the Class Action.**

**IF YOU WISH TO BE EXCLUDED FROM THE CLASS or you intend to file a separate lawsuit on your own for the claims alleged in this class action case, complete and mail this Form to the address below. In the alternative, you may send a letter that says you want to be excluded from the Class and includes your name, address, signature, and, if applicable, if you are electing exclusion based upon your legal representation of an individual. EXCLUSION REQUESTS MUST BE POSTMARKED BY APRIL 12, 2024.**

<b><u>SECTION 1: EXCLUSION</u></b>	
<input type="checkbox"/>	I HAVE READ THE COURT-ORDERED LEGAL NOTICE AND <b>DO NOT</b> WISH TO REMAIN A CLASS MEMBER.
<input type="checkbox"/>	I REQUEST TO BE EXCLUDED FROM THE CLASS ACTION, CAPTIONED ABOVE.

**SECTION 2: STATUS CONFIRMATION**

**Full Name:** \_\_\_\_\_

**Check One:**

I am a present or former Resident of Shannondell at Valley Forge

I am a legal representative of a present or former resident of Shannondell at Valley Forge:

Name of individual resident for whom I am the legal representative:

\_\_\_\_\_

**SECTION 3: CONTACT INFORMATION**

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signing as legal representative of individual:

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

**ALL EXCLUSION REQUEST FORMS OR LETTERS INDICATING ELECTION OF EXCLUSION  
MUST BE POST-MARKED BY APRIL 12, 2024.**

Mail to: Baer v. Shannondell  
c/o Notice Administrator  
P.O. Box 16  
West Point, PA 19486

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ADMINISTRATOR USE ONLY

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