

**DECLARATION AND RELEASE FOR DECEASED
KRAKAUER V DISH NETWORK LITIGATION CLASS MEMBERS**

PLEASE PROMPTLY COMPLETE, SIGN, AND MAIL THIS FORM
AND THE ENCLOSED SUBSTITUTE FORM W-9 TO THE ADDRESS ABOVE

I, _____ (please print your complete legal name), declare as follows.

1. I base the facts and information stated in this on my own personal knowledge.
 2. This Declaration concerns _____ the deceased person (the "Decedent") who is entitled to a share of proceeds of the Krakauer v DISH Network LLC Judgement (the "Judgment") for ClaimID DKR-_____.
- The Decedent died on _____ (mm/dd/yyyy) in the City of _____, County of _____, State of _____.

Note: You must attach a certified copy of the Decedent's death certificate to this Declaration.

3. Indicate which of the following statements apply:
 - I am the/a successor of the Decedent as defined by my State's probate code, and the Decedent died intestate (without a will).
 - I am a/the beneficiary named by the Decedent's will.
 - I am the duly acting Successor Trustee of _____ Trust, which Trust is the sole legatee of the Will of Decedent and is accordingly the successor of Decedent.
4. The persons or entities listed below are the only persons and/or entities that have an interest or that would claim entitlement to the litigation proceeds due the Decedent.

Beneficiary Name	Relationship to Decedent	Street Address	City, State & Zip	% Share
				%
				%
				%
				%

Note: Include yourself above, and please fill in what percentage share of the proceeds each person or entity is entitled to. Attach additional pages as necessary. If an estate exists for the deceased claimant, please provide all pertinent information regarding the estate, and the claimant's Judgment share will be sent to the estate. **Each of the beneficiaries listed above or on any attachment must complete a copy of this form.**

Please complete and return to the address above.

5. I do not know of anyone, other than those listed on this form, who would have a superior interest or who would claim entitlement to the litigation proceeds due to the Decedent. I have not assigned or transferred my rights to anyone.
6. If anyone is later found to have a superior right to the funds paid to me through the Judgment in reliance on the statements in this Declaration, I agree and understand that I shall have sole responsibility for the payment of any amounts owed to them. I further agree to hold harmless and indemnify KCC Class Action Services as well as class counsel (Bailey & Glasser LLP, The Law Office of Matthew P McCue, and Broderick Law Firm) for any errors or misrepresentations in executing this document.

I declare under penalty of perjury under the laws of my state of residence and the United States that this information is true and correct.

Executed on (mm/dd/yyyy) _____

Signature

Print Name

Street Address

City

State

Zip Code

Area Code and Telephone Number

E-mail

If you have any questions, please contact the DISH Network Class Action Claims Administrator at the email address below.

For further information, please visit www.DishClassaction.com.

HOW TO SUBMIT THIS FORM: Please complete this form and the enclosed Substitute Form W-9 and return **both** to the following address or to KrakauerLitigation@kccllc.com.

DISH Network Class Action Claims Administrator
c/o KCC Class Action Services
P.O. Box 404017
Louisville, KY 40233-4017

Substitute FORM W-9
Taxpayer Identification Number Certification

ClaimID: DKR-_____

Please write your Taxpayer Identification Number below:

Social Security Number _____ - _____ - _____

OR

Employer Identification Number: _____ - _____

Exempt Payee Code (if any) _____ Exemption from FATCA reporting code (if any) _____

Check appropriate box for federal tax classification:

Individual C Corporation S Corporation Partnership Trust/estate Other _____

Limited Liability Company - choose tax classification: C Corporation S Corporation Partnership

Print your name as it appears on your federal income tax return:

First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalty of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number or the correct taxpayer identification number of the entity on whose behalf I am signing, **and**
2. I am (or the entity on whose behalf I am signing is) not subject to backup withholding because: (a) I am (or the entity on whose behalf I am signing is) exempt from backup withholding, or (b) I have (or the entity on whose behalf I am signing has) not been notified by the Internal Revenue Service (IRS) that I am (or the entity on whose behalf I am signing is) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (or the entity on whose behalf I am signing) that I am (or the entity on whose behalf I am signing is) no longer subject to backup withholding, **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien) and, if signing on behalf of an entity, am authorized to sign on behalf of that entity, **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am (or the entity on whose behalf I am signing is) exempt from FATCA reporting is correct.

Note: If you have (or the entity on whose behalf you are signing has) been notified by the IRS that you are (or the entity on whose behalf you are signing is) subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person: _____

Date: (mm/dd/yyyy) _____

HOW TO SUBMIT THIS FORM: Please complete this form and the accompanying Declaration and Release form and return **both** forms to the following address or to KrakauerLitigation@kcellc.com.

DISH Network Class Action Claims Administrator
c/o KCC Class Action Services
P.O. Box 404017
Louisville, KY 40233-4017