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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

JEREMY GURSEY, an individual,

Plaintiffs.

v.

SOUTHERN CALIFORNIA EDISON COMPANY, a California Corporation; EDISON INTERNATIONAL, a California Corporation, and DOES 1-200, inclusive,

Defendants.

Lead Case No.: 25STCV00731
and Related Cases

Assigned for all purposes to:
Judge: Hon. Laura A. Seigle
Dept: 17

CASE MANAGEMENT ORDER No. 3

Case Management Conference
Date: May 6, 2025
Time: 10:00 a.m.
Dept: 17

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I. GENERAL PROVISIONS

Nothing in this order except for the lifting of the stay of liability discovery is intended or does supersede the Case Management Order dated March 17, 2025 ("CMO 1") or the Case Management Order dated April 18, 2025 ("CMO 2") in this matter, unless otherwise noted.

II. INDIVIDUAL PLAINTIFFS' STEERING COMMITTEE

CMO 1 included the list of firms that shall serve on the Individual Plaintiffs' Steering Committee. That list is amended as detailed in **Exhibit A**.

III. SUBROGATION PLAINTIFFS' COUNSEL

Since the filing of CMO 1 additional insurance companies seeking subrogation for paid damages ("Subrogation Plaintiffs") have filed complaints. In addition to the Matrix provided to the Court, the law firms representing Subrogation Plaintiffs, are listed in Exhibit B to CMO 2.

IV. PUBLIC ENTITY PLAINTIFFS' COUNSEL

Since the filing of CMO 1, additional public entity plaintiffs have filed complaints. In addition to the Matrix provided to the Court, the law firms and in-house government/entity attorneys representing Public Entity Plaintiffs are listed in Exhibit C to CMO 2.

V. INDIVIDUAL PLAINTIFFS' DATA REPORTING (MATRIX)

Certain data, specified in CMO 2, entered into the BrownGreer portal shall be reported to the Court and counsel for SCE on the last business day of each month. Any Individual Plaintiff on file and related to the Lead Case as of the entry of this Case Management Order is required to register in the BrownGreer Eaton Fire Litigation Portal ***no later than May 16, 2025***. For questions about how to register Individual Plaintiffs in the portal, contact the BrownGreer Eaton Fire Litigation Team at (855) 733-8870 or info@eatonwildfirecases.com. For substantive questions on the BrownGreer process, contact Liaison Counsel for Individual Plaintiffs.

VI. INDIVIDUAL PLAINTIFF DAMAGES QUESTIONNAIRE

Individual Plaintiffs and Defendants agreed upon the form of the Individual Plaintiff Damages Questionnaire, which will be completed and verified by each Individual Plaintiff – either individually or together with other members of the same household. A copy of the Individual

Plaintiff Damages Questionnaire is attached hereto as **Exhibit B**. Individual Plaintiffs and Defendants agreed upon the form of the Individual Document Checklist, which will be completed and verified by each Individual Plaintiff – either individually or together with other members of the same household. A copy of the Individual Document Checklist is attached hereto as **Exhibit C**.

The Damages Questionnaire and Document Checklist shall be created within the BrownGreer Eaton Fire Litigation Portal. For Individual Plaintiffs/Households whose complaints are already related or consolidated at the date of this Order, complete and verified Damages Questionnaires and Document Checklists, as well as all documents requested in the Document Checklist in accordance with Cal. Code Civ. P. 2031.280(a), shall be provided to Defendants on a rolling basis in accordance with the following deadlines:

a. One third of each firm's client households by January 15, 2026;

b. One third of each firm's client households by February 16, 2026; and

c. One third of each firm's client households by March 16, 2026;

Any Individual Plaintiff/Household whose complaint is deemed related after the date of this Order shall complete the Damages Questionnaire and Document Checklist, and produce all documents requested in the Document Checklist in accordance with Cal. Code Civ. P. 2031.280(a), within six months of the date that their action is deemed related to with the Eaton Fire Litigation, or as part of any mediation packet that is submitted, whichever is earlier.

Any Individual Plaintiff may amend or supplement their responses to the Damages Questionnaire and Document Checklist without leave of this Court until the close of fact discovery applicable to their individual action.

Individual Plaintiffs have objected to the extent that certain questions or requests within the Damages Questionnaire and Document Checklist call for premature expert opinion. Defendants have confirmed that they are not requesting expert discovery at this time, only information and documents within each Individual Plaintiff's possession, custody, or control. To the extent that Individual Plaintiffs have other objections to any specific question or request in the Damages Questionnaire and Document Checklist, they have reserved the right to state them in their response.

Individual Plaintiffs have the right to supplement their answers to the Damages Questionnaire and Document Checklist to add responsive information and produce additional documents.

VII. APPLICATIONS FOR APPOINTMENT OF GUARDIAN AD LITEM

Attached to CMO 2 at Exhibit G is the procedure for submitting Applications for Appointment of Guardian ad Litem. That exhibit contained an error regarding the email to which such applications should be sent for submission. Attached hereto as **Exhibit D** is the corrected procedure, which supersedes CMO 2, Exhibit G.

IT IS SO ORDERED.

Dated: 05/15/2025, 2025

Hon. Laura A. Seigle
Judge of the Superior Court
Laura A. Seigle / Judge

EXHIBIT A

1. Abir Cohen Treyzon Salo, LLP
2. Adamson Ahdoot LLP
3. Andrade Gonzalez LLP
4. Andrews & Thornton
5. Arias Sanguinetti
6. Becker Law Group
7. Brent & Fiol, LLP
8. Bridgford, Gleason & Artinian
9. Casey Gerry Schenk Francavilla Blatt & Penfield LLP
10. Corey, Luzaich, de Ghetaldi & Riddle LLP
11. Cotchett, Pitre & McCarthy, LLP
12. Douglas/Hicks Law, APC
13. Downtown LA Law Group
14. Edelson P.C.
15. Ellis Riccobono, LLP
16. Engstrom, Lipscomb & Lack
17. Feist Griffith LLP
18. Foley Bezek Behle & Curtis
19. Fox Law APC
20. Frantz Law Group
21. Gibbs Mura LLP
22. Greene Broillet & Wheeler, LLP
23. Johnston & Hutchison LLP
24. Keller Rohrback LLP
25. Law Office of Douglas Boxer
26. Lieff Cabraser Heimann & Bernstein, LLP
27. McGuire Law PC
28. McNicholas & McNicholas LLP
29. McNulty Law Firm
30. Milberg Coleman Bryson Phillips Grossman, PLLC
31. Moon Law APC
32. Morgan & Morgan Los Angeles LLP
33. Nachawati Law Group, PLLC
34. Panish | Shea | Ravipudi LLP
35. Parkinson Benson Potter
36. Quinn Emanuel Urquhart & Sullivan, LLP
37. Robertson & Associates, LLP
38. Robins Cloud, LLP

39. Rosen Saba LLP
40. Rouda, Feder, Tietjen & McGuinn
41. Schimmel & Parks, APLC
42. Sieglock Law, APC
43. Singleton Schreiber, LLP
44. Sitzer Legal
45. Spreter & Petiprin, APC
46. Strange LLP
47. Sullivan Workman & Dee, LLP
48. The Bernheim Law Firm
49. The Miller Firm
50. The Vartazarian Law Firm
51. Walkup, Melodia, Kelly & Schoenberger
52. Watts Law Firm
53. Wilshire Law Firm, PLC
54. Wisner Baum, LLP
55. Wolf Wallenstein, PC
56. Zweiback, Fiset & Zalduendo LLP

EXHIBIT B

EATON FIRE LITIGATION
LEAD CASE NO. 25STCV00731
INDIVIDUAL PLAINTIFF DAMAGES QUESTIONNAIRE

The Damages Questionnaire shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order.

The Damages Questionnaire may be completed by an individual plaintiff or by multiple individual plaintiffs within a household, provided that every individual plaintiff required to complete the Damages Questionnaire does so. An Authorized Representative must complete the form for individual plaintiffs who are minors, deceased, or incapacitated and for entity plaintiffs. An Authorized Business Representative must complete the form for business entity plaintiffs. An Authorized Representative must complete the form for any trust that is an owner of property.

The Damages Questionnaire allows plaintiffs to allege damages related to multiple Loss Locations.

I. FIRE VICTIM IDENTIFICATION

Complete the table below to identify each person or entity asserting claims in this Damages Questionnaire.

For individuals: Select the Individual Plaintiff Type and then enter the person's full name, and date of birth.

For businesses, trusts, estates or other entities: Select the applicable Plaintiff Type and then enter the entity's legal name and Employer ID Number ("EIN"). This is the business name as it appears on the business's tax return. If you are the owner of a business, you should submit claims on behalf of the business under the name and EIN of the business. For businesses with multiple owners, an authorized business representative should submit claims on behalf of the business under the name and EIN of the business. Owners of a business should not submit claims under their SSNs for their separate ownership interests in the business.

If you are completing this Damages Questionnaire on behalf of yourself as an individual and on behalf of other individuals, a business, trust, estate or other entity, please list below all claimants and complete Sections II through XV for each claimant.

1. **Plaintiff (s)**
    a. Plaintiff Type
    b. Plaintiff Name
    c. Date of Birth
    d. Employer ID Number ("EIN") (applicable to Business Plaintiffs only)
2. **Authorized Business Representative** (applicable to Business Plaintiffs only)
    a. Last Name
    b. First Name
    c. MI
    d. Suffix
    e. Title
3. **Complete the table below to identify Loss Location(s) included in this Damages Questionnaire.** A Loss Location is the place where you and/or your family suffered harm (for example, your home or business address, place of injury, or the place from which you evacuated). Provide the physical addresses of your different Loss Locations below. Do not provide P.O. Boxes.

a. **Loss Location 1**

1. Street:
2. Apt/Suite/Lot Number:
3. State:
4. Zip Code:
5. Country:
6. APN (if known):

b. **Loss Location 2**

1. Street:
2. Apt/Suite/Lot Number:
3. State:
4. Zip Code:
5. Country:
6. APN (if known):

c. **Loss Location 3**

1. Street:
2. Apt/Suite/Lot Number:
3. State:
4. Zip Code:
5. Country:
6. APN (if known):

4. **Are you represented by an attorney?** If Yes, answer Question 5. Otherwise, skip to Section II.

a. Yes

b. No

5. **State the name of the law firm that represents you.**

II. REAL PROPERTY DAMAGE

A. PROPERTY IDENTIFICATION

1. **Are you submitting a claim for Real Property damage?** If Yes, answer Questions 2-24. Otherwise, skip to Section III. If you have multiple Loss Locations, complete Sections II.A-H for ***each*** loss location.

    a. Yes

    b. No

2. **Loss Location**

    a. Street:

    b. Apt/Suite/Lot Number

    c. City:

    d. State:

    e. Zip Code:

    f. APN (if known):

3. **Provide a brief description of the damaged real property and produce documents, including photos or videos, supporting your claim, including records reflecting ownership of real property and any improvements to the property that existed at the time of the Fire.**

4. **At the time of the Fire, were you a title owner of this property?**

    a. Yes

    b. No

    c. If yes, list all title owners at the time of the Fire:

    d. If no, since the Fire, have you received an assignment of the right to make a claim related to the damage of this real property? If you received an assignment, submit relevant documents reflecting the assignment.

        1. Yes

        2. No

5. **On what date did you purchase the property (MM/DD/YYYY)?**

6. **What was the purchase price when you purchased the property?**

7. **At the time of the fire, was the property your household's primary residence?**

    a. Yes

    b. No

8. **What is the size of the parcel on which this property is located?**

    a. __square feet OR ___acres

9. **Do you still own the Real Property that was affected by the Fire?** If Yes, answer Questions 10-13. If No, answer Question 14.

    a. Yes

    b. No

10. **Have you fully repaired or completely restored the property since the fire?** If yes, indicate the completion date.

    a. Yes, on_____

    b. No

11. **Did you list the property for sale in the five years before the fire?** If yes, state the asking price for the property and the amount of any offers you received to purchase the property.

    a. Yes_____

    b. No

12. **Estimated or actual cost of repairing or rebuilding the real property:** If you have documents, including photos or videos, identifying the cost to repair or replace the dwelling, you must produce them.

13. **Do you have a genuine desire to repair or restore this property?**

    a. Yes

    b. No

14. **Did you sell this property after the Fire? If Yes, provide the date of sale and price received.**

15. **Has this property been listed for sale since the Fire? If Yes, answer questions 16-17. If No, skip to question 18.**

16. **Provide the date the property was listed for sale, the asking price, and the amount of any offers you received to purchase the property.**

17. **Do you still intend to sell the property?**

    a. Yes

    b. No

    c. Unknown at this time.

18. **Do you have an estimate of the value of your property within a month before the fire?** If yes, state the value and whether you obtained this value via appraisal, your own estimate, or another way.

    a. Yes_____

    b. No

19. **Do you have an estimate of the value of your property within a month after the fire?** If yes, state the value and whether you obtained this value via appraisal, your own estimate, or another way.

    a. Yes_____

    b. No

20. **Have you hired a third party to remove debris from your property after the fire?** If so, describe what was done and the total cost.

    a. Yes_____

    b. No

21. **Have you hired a third party to remove anything other than debris from your property after the fire?** If so, describe what was done and the total cost.

    a. Yes_____

    b. No

22. **In the five years prior to the fire, have you cleared brush on your property?** If yes, describe.

    a. Yes

b. No

23. **In the five years prior to the fire, have you cleared trees on your property?** If yes, describe.

    a. Yes

    b. No

24. **Was any portion of your property constructed with fire resistant building materials?** If yes, describe.

    a. Yes

    b. No

    c. Unknown

B. RESIDENTIAL REAL PROPERTY

1. **Does your property claim include a dwelling that was damaged by the Fire?** Note that dwellings include single family homes, duplexes, separate guest houses, ADUs, or apartments, but do not include outbuildings *(e.g.,* barns, detached garages, pumphouses, outhouses, sheds/storage units, etc.). Outbuildings should be listed in Section II.D. below. If Yes, answer Questions 2-19. Otherwise, skip to Section II.C. If you have multiple dwellings on one property, answer Questions 2-19 for each dwelling.

2. **What is the type of dwelling?**

    a. Apartment

    b. Condominium

    c. Manufactured Home

    d. Mobile Home

    e. Multi-Family Home

    f. Single Family Home

    g. Duplex

    h. Other Dwelling _____

3. **Year residence built:**

4. **Year you purchased residence:**

5. **Identify the type of construction and materials (e.g., wood frame structure with stucco façade):**

6. **Identify the composition of the roof (wood, metal, asphalt, ceramic tiles, etc.):**

7. **Year of and description of any major remodeling projects:**

8. **What was the size of the dwelling?**

    a. _____ square feet

9. **Additional square footage of dwelling not accounted for above?**

    a. _____ square feet

10. **How many bedrooms and bathrooms were in the dwelling?**

    a. _____ bedroom(s)

    b. _____ bathroom(s)

11. **If this dwelling is a multi-family home or multi-family apartment building, please provide the number of units.**

    a. _____ units

12. **At the time of the Fire, were you renting out the dwelling?** Any claims for lost rental income should be included in Section III.

    If yes, list the individuals who rented the property:

    a. Yes

    b. No

    c. Partial

13. **Description of any luxury amenities (home theater, indoor pool, wine cellar, gym, game room, high technology systems, etc.) in the residence at the time of the fire:** If you have documents, including receipts or invoices, demonstrating the value of the amenity, you must produce them.

14. **If partially damaged, identify the damage to the residence:**

15. **Was the dwelling uninhabitable after the fire?**

    a. Yes

b. No

16. **Were you displaced from the property as a result of the Fire?** If Yes, include the date you were displaced.

    a. Yes, on _____

    b. No

17. **If you were displaced as a result of the Fire, but have since returned to reside at the property, what date did you return to the property (MM/DD/YYYY)?**

18. **If your residence was partially damaged, how much have you been professionally quoted or paid to repair the residence? If this amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to repair the dwelling, you must produce them.

19. **If your residence was destroyed, how much have you been professionally quoted or paid to rebuild the residence? If this amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to rebuild the dwelling, you must produce them.

C. COMMERCIAL REAL PROPERTY

1. **Does your property claim include a commercial structure that was damaged or destroyed by the Fire?** Note that commercial structures do not include outbuildings *(e.g.,* barns, detached garages, pumphouses, outhouses, sheds/storage units, etc.). Outbuildings should be listed in Section II.D. below. If you answer Yes to this Question, answer Questions 2-6 below. Otherwise, skip to Section II.D. If you have multiple commercial structures on one property, answer Questions 2-6 for each commercial structure. Residential structures of not more than four dwelling units should be claimed under Residential Real Property (Section II.B above).

    a. Yes

    b. No

2. **Type of Structure**

    a. Apartment/Condo Building

    b. Commercial Office Building

    c. Education/School Facility

d. Farm or Other Agricultural

e. Healthcare/Medical Facility

f. Hospitality/Lodging

g. Industrial

h. Mobile Home Park

i. Parking Structure Facility

j. Public/Community Facility

k. Retail

l. Transportation/Airplane Related

m. Vineyard

n. Winery

o. Other _____

3. **What was the size of the commercial structure?**

   a. _____ square feet

4. **When was the commercial building constructed (MM/DD/YYYY)?**

5. **If your commercial structure was partially damaged, how much have you been professionally quoted or paid to repair the commercial structure? If this amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to repair the structure, you must produce them.

6. **If your commercial structure was destroyed, how much have you been professionally quoted or paid to rebuild the commercial structure? If this amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to rebuild the structure, you must produce them.

D. OTHER STRUCTURES/OUTBUILDINGS

1. **Does your property claim include other structures (i.e. barn, detached garage, outbuilding, shed) that were damaged or destroyed by the fire?** If Yes, answer Questions 2-9 for each structure. Otherwise skip to Section II.E.

   a. Yes

b. No

2. **Please describe the type of structure(s).**

3. **Describe the composition of the roof (wood, metal, asphalt, ceramic tiles, etc.):**

4. **What was the size of each other structure?**

   a. _____ square feet

5. **When was each other structure constructed (MM/DD/YYYY)?**

6. **If not destroyed, description of the damage:**

7. **If your other structure was partially damaged, how much have you been professionally quoted or paid to repair the structure? If this amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to repair the structure, you must produce them.

8. **If your other structure was destroyed, how much have you been professionally quoted or paid to rebuild the structure? If this amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to rebuild the structure, you must produce them.

9. **For each other structure, did it have any of the following? Check all that apply.**

   a. Electricity

   b. Permanent Foundation

   c. Plumbing

E. AMENITIES

1. **Does your property claim include fencing?** If Yes, answer Question 2. If no, skip to Question 3.

   a. Yes

   b. No

2. **Describe the material, height, and approximate length of fencing.** If you have documents stating this information, you must produce them.

3. **Does your property claim include a swimming pool? If yes, answer** Question 4. If no, skip to Question 5.

    a. Yes

    b. No

4. **Describe the type and size of pool, and date of construction.** If you have documents stating this information, you must produce them.

5. **Does your property claim include any retaining walls? If Yes, answer** Question 6. If not, skip to Question 7.

    a. Yes

    b. No

6. **Describe the material, height, location and approximate length of retaining wall.** If you have documents stating this information, you must produce them.

7. **Does your property claim include any culverts? If Yes, answer** Question 8. If not, skip to Question 9.

    a. Yes

    b. No

8. **Describe the materials, location(s), and approximate size(s) of any culverts.** If you have documents stating this information, you must produce them.

9. **Does your property claim include solar panels?** If Yes, answer Question 10. If not, skip to Question 11.

    a. Yes

    b. No

10. **List the type of solar panels, the manufacturer, the size of the panels, the number of panels, the manufacturer of the inverter, the maximum system voltage, and the date of installation.** If you have documents stating this information, you must produce them.

11. **Does your property have any irrigation?** If Yes, answer Question 12. If not, skip to Question 13.

    a. Yes

b. No

12. **Describe the type of irrigation, materials, and location on the property.**

13. **Did your property have a water well or tank?** If Yes, answer Question 14. If not, skip to Question 15.

    a. Yes

    b. No

14. **Describe the water well or tank and location on the property, including but not limited to: casing size, well depth, and gallons per minute.**

15. **If there were other amenities on your property that were destroyed or damaged, please describe those.**

16. **Do you claim damage to the above amenities to the property? If yes, identify which amenities were damaged.**

17. **Did you install any of these amenities since purchasing the property? If yes, state the total cost you paid for the amenities.**

18. **If any of your amenities were partially damaged, how much have you been professionally quoted or paid to repair each of these amenities? If the amount(s) includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to repair each amenity, you must produce them.

19. **If any of your amenities were destroyed, how much have you been professionally quoted or paid to rebuild each of these amenities? If the amount(s) includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to rebuild each amenity, you must produce them.

F. FORESTRY/LANDSCAPING

1. **Does your property claim include landscaping, shrubbery, vegetation, or forestry? If Yes, answer Questions 2-8. Otherwise, skip to Section II.G.**

    a. Yes

    b. No

2. **Describe the type and quantity of landscaping, shrubbery, or vegetation that was damaged or destroyed.**

3. **Did property contain ornamental trees and landscaping damaged by the fire? If Yes, describe the type and age of the ornamental trees and landscaping that were totally lost, partially lost, or smoke damaged.**

    a. Total Loss

    b. Partial Loss

    c. Smoke Damage Only

4. **If your claim includes forestry damage, indicate the damaged or destroyed acreage.**

5. **Did you install or improve the landscaping after purchasing the property?**

    a. Yes

    b. No

6. **If you installed or improved the landscaping since purchasing the property, identify the cost you incurred before the fire to install or improve the landscaping.**

7. **How much have you been professionally quoted or paid to restore or replace damage to the forestry, landscaping, shrubbery, or vegetation? If the amount includes any upgrades, please describe upgrades.** If you have documents, including photos or videos, identifying the cost to restore or replace the forestry, landscaping, shrubbery, or vegetation, you must produce them.

8. **Did your property contain agriculture or livestock? If yes, please identify the amount and type, and any costs associated with damage to agriculture or livestock. If you lost income from agriculture or livestock-related business, please include that amount in Section III or IV below.**

    a. Yes

    b. No

III. PERSONAL PROPERTY CLAIMS

1. **Does any part of your property claim relate to damage to personal property that you owned at the time of the Fire? Personal property includes the contents of your home such as furniture, clothing, and household items as well as automobiles and other movable property. If No, skip to Section III. If you have lost or damaged personal property at multiple Loss Locations, complete Section II.G. for each Loss Location.**

a. Yes

b. No

2. **If you are asserting claims for damage to personal property, provide the following information on a separate sheet(s). You may provide this information by way of producing the personal inventory you provided to your insurer or prepared for this litigation, if it contains all of the information requested below.**

    a. Identify the item of personal property:

    b. Identify the quantity of each item:

    c. Identify the manufacturer and model of each item, if applicable:

    d. Identify the year that each item was purchased:

3. **Does your claim include any loss of an individual item or collection of a specific type of personal property that was valued at more than $10k?**

    a. Yes

    b. No

4. **If the answer to Question 3 is yes, describe the item or collection including the results of any professional appraisals for the item or collection, if any.** If you have documents that detail this information, you must produce them.

5. **Have you removed any personal property from your property after the fire?** If so, describe what was removed.

6. **Do you have a pet that was injured as a result of the Fire?** If yes, identify the type of pet and describe any treatment your pet received if it was injured in the fire including the cost and any insurance payments received for that treatment. If you have documents that detail this information, you must produce them.

7. **What is the estimated value of your destroyed or damaged personal property?**

IV. OTHER PROPERTY DAMAGE

1. **Did you suffer any property loss other than the real and/or personal property damage indicated above as a result of the Fire?** If Yes, answer Questions 2-4 and provide documents supporting your claim. Otherwise, skip to Section III.

a. **Yes**

b. **No**

2. **Provide a brief description of the damaged property.**

3. **If this other property was partially damaged, how much have you been professionally quoted or paid to repair this property? If the amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to repair the property, you must produce them.

4. **If this other property was destroyed, how much have you been professionally quoted or paid to rebuild this property? If the amount includes any upgrades, describe the upgrades:** If you have documents, including photos or videos, identifying the cost to rebuild the property, you must produce them.

V. BUSINESS INCOME LOSS

1. **Are you submitting a claim for lost profits on behalf of a business affected by the Fire?** If Yes, answer Questions 2-16. Otherwise, skip to Section IV. For purposes of classifying your claim, if you are a sole proprietor and you file your federal taxes on a Form 1040 with a Schedule C, E or F that lists expenses, you are considered a business plaintiff for purposes of this Damages Questionnaire.

   a. Yes

   b. No

2. **Does your claim for lost profits relate to a physical injury that you sustained as a result of the Fire?**

3. **Does your claim for lost profits relate to damage to property in which you had a property interest at the time of the Fire? If so, describe your interest in the property.**

4. **Business Address (provide** address used on tax returns)

   a. Street

   b. Apt/Suite/Lot Number

   c. City

   d. State

   e. Zip Code

5. **Business Description.** Provide a brief description of the business, including the industry it operates in.

6. **Identify all owners of the business, their respective Taxpayer Identification Numbers and ownership interests.** Provide full legal names. If an owner is not a natural person, identify the legal form of the entity (*e.g.*, Partnership).

    a. Owner Name

    b. Owner's Taxpayer ID

    c. % of Owners

    d. Legal Form of Entity (if the Owner is not a natural person)

7. **Does the business have a public website? If so, provide the URL.**

8. **Does the business have one or more social media account(s), including but not limited to Facebook, Instagram, LinkedIn, or TikTok? If so, provide the username for each.**

9. **Has the business permanently ceased operations and/or declared bankruptcy since the Fire?** If Yes, enter the date the business ceased operations and/or declared bankruptcy.

    a. Yes

    b. No

10. **Was business at this Loss Location interrupted as a result of the Fire?** If you have multiple Loss Locations, list all other Loss Locations for this business where business was interrupted:

    a. Yes

    b. No

11. **Did you resume your business at this Loss Location, or if not, do you intend and to resume your business at this Loss Location?** If you have multiple Loss Locations, list all other Loss Locations for this business at which you intend to resume business:

    a. Yes. If Yes, what was the date business operations resumed at each Loss Location, or the anticipated date if operations have not yet resumed?

    b. No. If you do not intend to reopen your business, please explain why.

12. **Identify the losses suffered at this Loss Location. If you have multiple Loss Locations, answer this question for each Loss Location.**

13. **Did your business at this Loss Location suffer any business income losses as a result of the Fire? If you have multiple Loss Locations, answer this question for each Loss Location.**

    a. Yes

    b. No

    c. **If yes, Amount Claimed**

    d. **If yes, please explain how the amount in (c) is calculated.**

    e. **If yes, indicate the duration of time over which the business income loss amount is calculated?**

        1. Start Date:

        2. End Date:

        3. Is your business impacted by annual seasonality?

14. **Did your business at this Loss Location incur any additional remediation expenses as a result of the Fire?** If Yes, provide the types and amounts claimed for additional remediation expenses (excluding insurance recovery). If you have multiple Loss Locations, answer this question for each Loss Location.

    a. Yes

    b. No

15. **If Yes, provide the types and amounts claimed:**

    a. Increased/temporary security:

    b. Temporary labor:

    c. Temporary water supply:

    d. Temporary utilities:

    e. Other mitigation steps (*e.g.*, relocation, expedited shipping):

16. **Provide any further information or explanation you would like to include regarding your business loss claim(s).**

VI. PERSONAL INCOME LOSS (LOST WAGES)

1. **Does your claim for lost wages relate to a physical injury that you sustained as a result of the Fire?**

    a. Yes

    b. No

2. **Does your claim for lost wages relate to damage to property in which you had a property interest at the time of the Fire?**

    a. Yes

    b. No

3. **Does your claim for lost wages relate to evacuation and/or displacement as a result of the Fire?**

    a. Yes

    b. No

4. **Does your claim for lost wages relate to damage to your employer's property as a result of the Fire?**

    a. Yes

    b. No

5. **Employer Information.**

    a. Employer Name:

    b. Employer Address:

    c. Employer Telephone Number:

    d. Employer Identification Number (EIN):

6. **Employment Information. If you lost income from multiple sources, provide an answer to this question for each source.**

    a. Employment Start Date:

    b. Employment End Date:

    c. Length of Time Out of Work:

d. Wage/salary.

e. Total Lost Wages:

7. **Do you claim you will continue to lose income or wages into the future? If yes, provide an estimate of the amount of lost future net income or wages, and how long you will be unable to work:**

8. **If you have not returned to your job at the time of the fire, have you obtained some other form of employment? If yes, provide the following:**

   a. Current employer:

   b. Employment start date:

   c. Wage/salary:

9. **Additional explanation.** Please include below any further information or explanation regarding your lost wages claim.

VII. EMOTIONAL DISTRESS

A. EVACUATION AND PROXIMITY TO THE FIRE

1. **Did you evacuate as a result of the Fire?** If yes, please provide the date and time you evacuated.

   a. Yes

      1. Date of evacuation:

      2. Time of evacuation:

   b. No

2. **Did you shelter-in-place as a result of the Fire?**

   a. Yes

   b. No

3. **If Yes, please complete the following for the address where you sheltered-in-place as a result of the Fire:**

   a. Street:

   b. Apt/Suite/Lot Number:

   c. City:

d. State:

e. Zip Code:

4. **Relationship to Evacuation or Shelter-in-Place Address**

    a. Home

    b. School

    c. Work

    d. Other

5. **Did you personally witness the ignition of the Eaton Fire? If yes, describe what you saw and when:**

6. **Proximity to Fire.** Please describe the closest you came to the Fire while evacuating or sheltering-in-place as a result of the Fire.

7. **Family Members and Other Individuals.** Please provide the information below for each family member or other individual who was with you as you evacuated or sheltered in place.

    a. Name of Family Member/Other Individual

    b. Relationship to you

    c. Age of Family Member/ Other Individual

    d. Did this Family Member suffer burns, smoke inhalation, serious physical injury or illness as a result of the Fire?

        1. Yes

        2. No

    e. Were you contemporaneously aware (aware at the time that the injury occurred) of any of the injuries to the Family Member/Other Individual?

B. SUBSTANTIAL INTERFERENCE WITH USE OR ENJOYMENT OF PROPERTY

1. **Did you experience emotional distress or mental anguish from the loss of use or enjoyment of your property as a result of the Fire?**

    a. Yes

    b. No

2. **If Yes, what was the address:**

    a. Street:

    b. Apt/Suite/Lot Number:

    c. City:

    d. State:

    e. Zip Code:

3. **If real property, indicate your relationship to the property.**

    a. Rent

    b. Own

    c. Other

4. **At the time of the fire, did you have the legal right to occupy the property?** Describe your relationship to the property at the time of the fire, including how often you occupied the property i.e. did you live there full time?

    a. Yes

    b. No

5. **Were you displaced from this property as a result of the Fire?** If yes, provide the date you were displaced.

    a. Yes

        1. Date:

    b. No

6. **If you answered yes to Question 5, have you resumed living at the property since you were displaced as a result of the Fire?** If yes, provide the date you resumed living at the property.

    a. Yes

        1. Date:

    b. No

7. **Did you lose sentimental or irreplaceable personal property in the Fire?** If yes, please describe this personal property.

    a. Yes,

        1. Please describe the personal property:

    b. No

VIII. PERSONAL INJURY

1. **As a result of the Fire, did you suffer a personal injury?** In this context, personal injury means a physical bodily injury or mental health condition resulting from the Fire. If Yes, answer the questions below. Otherwise, skip to Section IX.

    a. Yes

    b. No

2. **Did the injury require hospitalization?**

    a. Yes

    b. No

3. **Injury Type:**

4. **Injury Date:**

5. **Medical Provider/Facility:**

6. **Treatment Start Date:**

7. **Treatment End Date:**

8. **Description of Treatment:**

9. **State the dollar value of your claim for medical billings to date:**

10. **Describe any ongoing treatment:**

11. **If you have been diagnosed with or treated for the same medical or mental health condition in the five years prior to the fire, please describe:**

12. **Are you seeking reimbursement for medical or mental health treatment? If Yes, state the amount claimed.** If you have documents stating this information, including bills, receipts, or statements, you must produce them.

IX. ADDITIONAL LIVING EXPENSES

1. **Did you relocate from your residence as a result of the Fire?** If yes, answer the questions below. Otherwise, skip to Section X.

    a. Yes

    b. No

2. **Provide the location(s) to which you relocated and the approximate date(s) when you relocated.**

3. **Did you have any additional costs associated with relocating? If yes, please describe those additional costs and identify the amount.**

4. **Did you incur any other out-of-pocket expenses as a result of displacement from the Fire?** If Yes, indicate the types and total amount of each for out-of-pocket expense.

    a. Description of out-of-pocket expense

    b. Amount of expense

X. WRONGFUL DEATH

1. **Are you asserting a claim for wrongful death?** If yes, answer the questions below. Otherwise, skip to Section XI.

    c. Yes

    d. No

2. **Provide the name of the decedent.**

3. **Provide the date of birth for the decedent.**

4. **Where did the decedent live at the time of the fire?**

5. **What was the location of the decedent's death?**

6. **What do you contend caused decedent's death?**

7. **Please describe the relationship between the decedent and each Plaintiff asserting a claim for wrongful death:**

8. **Who lived in the same home with decedent at the time of his/her death? For how long?**

9. **When is the last time any plaintiff lived with decedent prior to his/her death?**

10. **If the decedent was your spouse/registered domestic partner, were you ever legally separated from decedent, and if so, when?**

11. **What was decedent's job at the time of his/her death?**

12. **Did decedent smoke cigarettes during his/her life prior to death?**

13. **Identify any health conditions/diseases decedent suffered from at the time of his/her death that you contend were not a cause of decedent's death.**

14. **Identify all medications the decedent was taking at the time of his/her death.**

XI. OTHER DAMAGES

1. **Is any Plaintiff identified in Section I claiming damages not specifically contemplated in any other section of the Damages Questionnaire?** If so, answer Question 2. Otherwise, skip to Section XII.

    a. Yes

    b. No

2. **Briefly explain the nature of the claim(s) and requested compensation and provide supporting documents for each.**

XII. MEDICAL INSURANCE INFORMATION

1. **Do you or any family or household member included in Section I now have or did you or they previously have medical insurance that covers any injuries listed in Section VIII?** If yes, complete the questions below. Otherwise, skip to Section XI.

    a. Yes

    b. No

2. **If you or any Plaintiff identified in Section I has enrolled in or has been entitled to receive benefits from any federal healthcare programs, complete the table for the relevant program(s) below:**

    a. Claim Number

    b. Enrollment Start

    c. Enrollment End

d. Branch

e. Sponsor

f. Treating Facility

g. Tribe

3. **If you or any Plaintiff identified in Section I was entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs not previously listed above, provide the following information.**

    a. Name of Plan/Entity

    b. Policyholder Name

    c. Policy Number

    d. Medical Condition Covered by Plan/Entity

4. **If you or any Plaintiff identified in Section I has received medical treatment for any physical injury, emotional distress, or mental health issue included in Sections V or VI that was covered in full or in part by a Private Healthcare Insurance Plan or other form of payment, provide the following information for each such plan or entity. Include the complete name of the health plan *(i.e.,* "BCBS of Illinois'' and not "Blue Cross" or "BCBS").**

    a. Name of Plan/Entity

    b. Policyholder Name

    c. Policy Number

    d. Medical Condition Covered by Plan/Entity

5. **Have you or any Plaintiff identified in Section I lived in any state other than California since the Fire?**

    a. Yes

    b. No

XIII. OTHER INSURANCE INFORMATION

1. **Did you submit an insurance claim for any property damage or business losses for which you are making a claim, on behalf of yourself or your business?** If Yes, provide the following information for each category of insurance coverage, attaching additional sheets if necessary. Otherwise skip to Section XIV.

    a. Yes

    b. No

2. **Other Insurance Information.** If you have multiple Loss Locations, submit responses for each Loss Location.

    a. Name of Insurance Carrier:

    b. Insurance Policy Number:

    c. Insurance Claim Number:

XIV. OTHER ASSISTANCE

1. Has any Plaintiff identified in Section I received a Small Business Association (SBA) loan or support from the Federal Emergency Management Agency (FEMA), Los Angeles County, or the State of California, or any non-profit organization or governmental agency worth over $1,000? If Yes, complete the following table indicating the type of support received, amount received, payment date, whether it has been repaid or when it is expected to be repaid. List all additional assistance received. Otherwise, skip to Section XV.

    a. Yes

    b. No

    c. If yes:

        1. Assistance Source

        2. Entity Providing Assistance

        3. Name of Recipient

        4. Amount Received

        5. Date Received

        6. Purpose of Assistance

        7. Assistance Requires Repayment?

8. Has it Already Been Repaid?

9. Date of Repayment or Date Repayment is Due

2. **Did you participate in any government-sponsored debris removal program for fire debris removal from your property?** If yes, identify the program you participated in.

    a. Yes

    b. No

XV. BANKRUPTCY

1. **Has any Plaintiff identified in Section I been a debtor in a bankruptcy proceeding that (a) commenced on or after the date of the Fire or (b) commenced before but remained open on the date of the Fire?**

    a. Yes

    b. No

EXHIBIT C

DOCUMENT CHECKLIST FOR DAMAGES QUESTIONNAIRE

Each Individual Plaintiff must produce any responsive documents in their possession, custody, and control. Individual Plaintiffs are not required or expected to create responsive documents in response to the requests below.

DQ SECTION REFERENCE	Provided	Not Provided (explanation)
II. REAL AND PERSONAL PROPERTY		
A. PROPERTY IDENTIFICATION		
Documents showing title ownership of the Real Property at the time of the fire		
Documents, including invoices, receipts, estimates, contracts, photos, or videos for post-purchase, pre-fire additions or improvements for 5 years pre-fire		
Documents, including invoices, receipts, estimates, contracts, bids, photos, or videos for post-fire repairs, rebuilding, or improvements		
Inspections (e.g., foundation, general inspections, mold, etc.) or permits for 5 years pre- and post-fire		
Forest management plans for 5 years pre- and post-fire		
Documents and communications exchanged with an insurance company related to any claim related to the real property made within 5 years prior to the fire.		
Appraisals of the real property dated within five years of the fire and any time post-fire		
Information regarding the real property included in any loan applications other than the mortgage affecting, relating to, or mentioning the real property		
Photos of the Real Property, including structures and fixtures, interior and exterior, pre- and post-fire. (If comprehensive pre-fire photos dated between 2023-2025 showing all aspects of the real property exist, no need to		

produce photos pre-dating 2023. If such photos do not exist, photos of the real property prior to 2023 must be produced.)		
Documentation or invoices related to brush clearance for 3 months pre-fire		
B. RESIDENTIAL REAL PROPERTY		
Documents, including invoices, receipts, estimates, contracts, bids, photos, or videos, identifying cost to repair or replace dwelling		
Original plans for pre-fire dwelling and other structures		
Professional plans for post-fire rebuild, whether permitted or not		
C. COMMERCIAL REAL PROPERTY		
Documents, including invoices, estimates, contracts, photos, or videos identifying the cost to repair or replace the commercial property		
Original plans for pre-fire commercial structures		
Professional plans for post-fire rebuild, whether permitted or not		
D. OTHER STRUCTURES		
Documents, including invoices, receipts, estimates, contracts, bids, photos, or videos identifying the cost to repair or replace the other structure(s)		
E. AMENITIES		
Documents (including photos) stating the material, height, and approximate length of fencing, if any		
Documents (including photos) stating the type, size, and date of construction for swimming pool, if any		
Documents (including photos) stating the material, height, location, and approximate length of retaining walls, if any		
Documents (including photos) stating the materials, locations, and approximate size of culverts, if any		
Documents (including photos) stating the type, manufacturer, size, number, max		

voltage, and date of installation for solar panels, if any		
Receipts, invoices, photos, or contracts for post-fire repairs, rebuilding, or improvements for any amenity		
Estimates or bids for post-fire repairs, rebuilding, or improvements for any amenity		
F. FORESTRY/LANDSCAPING		
Receipts, invoices, or contracts for post-fire repairs, restoration, or improvements for forestry, landscaping, shrubbery or vegetation		
Estimates or bids for post-fire repairs, restoration or improvements for forestry, landscaping, shrubbery or vegetation		
G. PERSONAL PROPERTY CLAIMS		
Personal property inventory including itemization of all damaged/destroyed personal property with the fair market value, replacement cost value, or actual cost value (you can reference any inventory in your insurer's claim file)		
Appraisals of personal property, if any		
Photos of personal property (If comprehensive pre-fire photos dated between 2023-2025 showing all personal property exist, no need to produce photos pre-dating 2023. If such photos do not exist, photos of the personal property prior to 2023 must be produced.)		
Purchase receipts for any item over $10,000, if any		
Insurance claim file for damages to pets or livestock		
Veterinary records related to any damage to pets or livestock		
Veterinary bills related to any damage to pets or livestock		
III. BUSINESS/PERSONAL INCOME LOSS		
Documents supporting **business loss claim**, including business income statements identifying revenues and costs, Schedule C from Form 1040, and tax returns five years pre-fire		

Rental agreements (if claiming lost rental income)		
Documents showing rental revenues from January 1, 2020 to date, including Schedule E from Form 1040, copies of checks, or bank statements.		
If you are asserting a personal loss claim, documents to support that personal income loss claim, including tax returns and income received from any source from 2020 to date, including W-2s or 1099s.		
Paychecks, including pay stubs with payment details, for all wages received in the five months prior to the fire in support of your personal income loss claim.		
Paychecks, including pay stubs with payment details, for all wages received in the five months after the fire in support of your personal income loss claim		
VI. PERSONAL INJURY		
Documents and communications exchanged with an insurance company related to medical or mental health injuries suffered as a result of the fire		
Medical records for any medical or mental health injuries suffered as a result of the fire for which personal injury damages are claimed		
Medical bills for any medical or mental health injuries suffered as a result of the fire for which personal injury damages are claimed		
Medical records for any injury to the same part of the body injured as a result of the fire for which personal injury damages are claimed		
All records that indicate a severe mental health diagnosis such as PTSD, anxiety, or depression, for Plaintiffs five years prior to and after the fire in the event Plaintiffs allege such a diagnosis was caused by the fire.		
VII. ADDITIONAL LIVING EXPENSES		
Rental agreements for new living location		

Documents, including bills, supporting your claim for additional living expenses		
Emails, texts, photos, or recordings regarding evacuation		
VIII. WRONGFUL DEATH		
Death certificate of decedent.		
All medical records from two years prior to the fire until decedent's death.		
Marriage certificate or declaration of domestic partnership for any spouse/domestic partner claiming wrongful death damages.		
All coroner, autopsy, and/or pathology reports that relate to decedent.		
X. OTHER DAMAGES		
Documentation of other out-of-pocket costs/damages claimed not captured by the categories above.		

EXHIBIT D

PROCEDURE FOR SUBMISSION AND APPROVAL OF APPLICATIONS FOR APPOINTMENT OF GUARDIAN AD LITEM

Special Master: Hon. Halim Dhanidina
Contact email: hdhanidina@signatureresolution.com

Case Manager: Erin Zicari
Contact email: ezicari@signatureresolution.com
Contact phone: (213) 433-5771

SUBMISSION OF APPLICATIONS: Individual Plaintiffs shall file with the Court any Application for Appointment of Guardian ad Litem ("GAL Application"), along with a corresponding Proposed Order. Individual Plaintiffs may use the minor's initials and birth year rather than the minor's full name and date of birth. If there are multiple minors within the same family with the same initials and birth year, the filing party must differentiate between them by e.g. using the middle initial or adding an additional letter. Upon receipt of the ***file stamped copies showing the date of filing***, the Individual Plaintiff shall then email the file stamped copies of the GAL Application and corresponding Proposed Order by email to: hdhanidina@signatureresolution.com and ezicari@signatureresolution.com. Each individual GAL Application shall be sent in a *separate email* with the subject line "GAL APPLICATION – [Minor's Last Name, Minor's First Name]."

EDITS/CHANGES: To the extent that the Special Master determines that edits or changes are necessary on the GAL Application, his requests will be made via email in response to the original submission email. The Individual Plaintiff must correct any deficiencies and file a new GAL Application and Proposed Order with the Court. Upon receipt of the ***file stamped copies showing the date of filing***, the filing party shall submit the corrected GAL Application and Proposed Order to the Special Master in response to the same email thread and should always include in the subject line "GAL APPLICATION – [Minor's Last Name, Minor's First Name]" for tracking purposes.

RECOMMENDATION FOR GRANTING OF APPLICATIONS: At least one time per month, and every two weeks as needed to manage the volume of GAL Applications received, the Special Master shall provide the Court, **by email to SSCDept17@lacourt.org**, with a written recommendation as to whether certain Applications be granted or denied and that the corresponding order(s) be signed by Judge Seigle. Attached to CMO 2 as Exhibit H is the format the Court has approved for submission of that recommendation. The Special Master's recommendations shall reference the GAL Applications in filing date order to assist the Court with locating the filed GAL Application and Proposed Order on the docket. The Special Master shall not provide to the Court the GAL Application and Proposed Order as those were previously filed with the Court. The Special Master's recommendations will be served to all Parties via Case Anywhere by Liaison Counsel.

SERVICE OF GRANTED APPLICATIONS: Upon execution of each Order of Appointment of Guardian ad Litem by Judge Seigle, the Court will return the entered Order to the original filing party. The filing party shall post the signed order(s) on Case Anywhere.

FEE FOR APPLICATIONS: The fee for each individual GAL Application is $200. The Special Master's staff will bill Individual Plaintiffs' counsel for all of that counsel's (or firm's) submissions on a monthly basis. Payment is due to the Special Master upon receipt of the billing invoice.