APN _____

INSURED STATEMENT

I, _____, am/was the property owner of _____

_____ [address] on _____, 20__.

As a result of the 20__ fires in Sonoma County, I voluntarily entered into the Government-Sponsored Debris Removal Program and submitted a Right of Entry form in which I authorized debris removal benefits be paid directly to the County, so that such benefits can be sent to the State Government. The County of Sonoma is requesting I fill out this statement in order to verify there is no duplication of benefits for the debris removal performed on my property.

Statement: _____

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I have not received a duplication of benefits. I further state that the above facts are true and correct and understand the County of Sonoma is relying on the truth and accuracy of the above information and any documentation submitted with this statement.

Date: _____

Property Owner