LAW OFFICES

TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I 1855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, PLORIDA 33431

ATTORNETS DONALD R. TESCHER ROBERT L. SPALLINA LAUREN A. GAZVANE

Tel: 561-997-7008 FAX: 561-997-7308 Toll Freq: 888-997-7009 WWW.TESCHERSPALLINA.COM SUPPORT SMIDE DIANG DUSHIN KIMBERLY MORAN SUANN TESCISIE

0808686

November 1, 2012

VIA FEDERAL EXPRESS

Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

> Re: Insured: Simon L. Bernstein Contract No.: 1009208

Dear Sir or Madam:

Enclosed is the Claimant's Statement for the above referenced policy, together with an original death certificate for the insured, Simon Bernstein. We are also enclosing a copy of Internal Revenue Service Form SS-4, Application for Employer Identification Number for the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which is the trust listed as beneficiary of the above referenced policy. We will provide wiring instructions for the trust bank account when you have processed the claim, if possible, in lieu of a check. Finally, we are enclosing a copy of the obituary for the decedent which was published in the Palm Beach Post. We are unable to locate a copy of the original insurance policy.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Robert Y. Spallina Km

ROBERT L. SPALLINA

RLS/km

Enclosures

CLAIMANT STATEMENT

Heritage Union Life Insurance Company

Mailing Address
P.O. Box 1600
Jacksonville, IL 62651-1600

Proof of Loss

Part I

INSTRUCTIONS & A REPORT OF THE REPORT OF THE REPORT OF THE RESERVE OF THE REPORT OF TH

The following items are required for all claims:

- O An original certified death certificate showing the cause of death. Photocopies are not acceptable.
- O The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- O This claim form completed and signed by the claimant(s).

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the miswers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- If the beneficiary is the Estate of the Insured, we will also require evidence of the court approved legal representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- If the beneficiary is a trust, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax 10 number of the trust.
- If the beneficiary is a minor, we will require evidence of court appointed guardianship of the Minor's fictate.
- If the policy is collaterally assigned, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- If the primary beneficiary(ies) is (are) deceased, we will require a death certificate for each deceased beneficiary.
- . If the policy has a split dollar agreement associated with it, we will require a copy of said agreement.
- If the policy is subject to a Viatical or a Life Settlement transaction, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

CL G012F Life Claimant Statement No RAA 12/23/2011

Page I

CLAIMANT STATEMENT

For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, depial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or mideading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defined any insurance company or other person files an application for insurance or statement of claim containing any meterially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a finadulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defineding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a follow, and upon conviction will be penalized for each violation with a fine no loss than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CL G012F Life Claimant Statement No RAA 12/23/2011

DECEDENT INFORMATION 1. Name of Deceased (Last, First Middle)		2. Last 4 digits of Deceased's Social		
STATE THOUSAND SERVICE THE THE SEASON SHOWS THE SERVICE SERVICE WHEN THE PERSON WERE SERVICE SERVICES.	ernstein, Simon Leon		Security No: 5211	
	by any other names, such as maiden name	and the second s		
	name or an alias, please provide them be		enificación de la constantidad d	
4. Policy Number(3) 100	92.08 S.11	rpolicy is lost or not ava	ilable, piense explain li CV 15 30 Venru	
6. Deceased's Date of Death 09 13 12	7. Cause of Death Matural Causes	Suici	8. Natural Accidental Suicide Homicide Pending	
CHARLENG INFORMATIO	DN			
	Middle). If trust, please list trust name a Irrevocable Insura		rtification section.	
10. Street Address	11. City	12, State and Zip	13. Daytime Phone Number	
14. Date of Birth	15. Social Security or Tax ID Number	16. Relatio	onship to Deceased	
17. I am filing this claim as:	an individual who is named as a be			
	an Executor of Estate which is non			
	an Executor of Estate which is nan Other Yes No			
II"No" please list country 19. Policies subject to Virat provider, life settlement company, a viatical or l representative of a viatical this policy as a viatical or l ALMANY INFORMATIO	an Executor of Estate which is nan Other Yes No of citizenship it all / Life Settlement transactions provider, the receiver or conservator ife financing entity, trustee, agent, see or life softement provider, or an individent	Are you a visited set of viatical set of viatical or life set curities intermediary or bust or cettry which investigate.	lement Yes other	
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0000680,060271

CLAIMANT STATEMENT

SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Paymonts, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a hung sum payment or another settlement option available in the policy under which a claim is used. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailting address noted on the front of the claim form.

If you wish to refect a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.

Name of Settlement Ontion from Policy

Important Information About the USA PATRIOT Act

PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internat Revenus Service (IRS). Under penalty of perjury, I certify that I) the fax ID number above is correct (or am waiting for a number to be issued to me), 2) I arm not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGNATURES

I'We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any naturially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud information section of this claim form.

The laternal Devegue Service does not require your consent to than the certifications required to avoid backup withholding. Dong 1. 1 REP ? New SES	any provision of this document ofher
Signature of Claimant and Title	Date
Signature of Second Claiment, if any, and Title	Date

CL G012F Life Claimant Statement No RAA 12/73/2011

Page

CLAIMANT STATEMENT

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds) COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS. Please include a copy of the trust agreement, including the signature page(s) and any amendments. I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that said agreement is in full force and effect, and that we have the authority to make this certification. Generation Shipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT We the undersigned, on early, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item): .The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate he GST tax does not apply because the GST tax exemption will offset the GST tax. 3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person. 4.The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.) 5.The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the internal Revenue Service. Name of Trust Date of Trust Simon Bernstein Irrevocable Insurance Trust Agreement 06 01 1995 Date of all Amendments Number 65-61-78916 Signature(s) Spalling

EL GOLZE Life Claimant Statement, No RAA 12/23/2011

Poge

Spallina signs as trustee = FRAUD

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL. 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

October 9, 2012

LASALLE NATIONAL TRUST N.A TRUSTEE C/O ROBERT SPALLINA, ATTORNEY AT LAW 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09765315

Dear Trustee:

We are writing in response to your notification of the death of Simon Bernstein. Our sincere condolences go to the family for their loss.

In order to proceed with our review of the claim, we require the following items to be submitted:

- The enclosed Claimants Statement completed and signed by the named beneficiary. If the beneficiary
 has had a change in name, we require a copy of the applicable marriage license, divorce decree or similar
 legal documents.
- A certified death certificate. This should indicate cause of death, manner of death, date of birth and Social Security Number.
- Return the original policy If the original policy cannot be located, please note on the Claimant Statement (Page 3, Item 4).
- Trust Documentation Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.
- Letter of representation or written authorization signed by the beneficiary authorizing information to be released on the above referenced policy.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and evaluate the claim upon receipt of the required documents. A valid claim will include interest due and payable from the date of death at a rate of 10% if we do not pay the claim within 31 days from the latest of 1) the date that we receive proof of death, 2) the date we receive sufficient information to determine our liability and the appropriate beneficiary(ies) entitled to the proceeds; or 3) the date that any legal impediments are resolved.

If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Diane Henderson Claims Manager

Enclosure(s): Life Claimant Statement No RAA

AWD History for Work object key 2012-10-04-10.38.59.016241T01

Flags:

DTM Job Name:

DTM Return Code:

DTM Task Name: DTM Next Task:

DTM Return Code:

DTM Task Name: DTM Next Task:

End Date:

End Time:

Flags:

End Date:

End Time:

Flags: DTM Job Name:

JLIFE - DTHCIM - CLLEGAL - CLIENT - Updateable - 1009208 - BERNSTEIN - SIMON - 19 - SRDC00014031 Num: Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name: BERNSTEIN

2013-01-17

16:49:34

DODONO

2013-01-17

16:48:22

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Queue:

User Name:

CLIENT MCDONALD, JIM L

DTM Description:

Comments:

Begin Date: Begin Time:

User Id:

Workstation Id: Business Area: Type:

Status: Queue: User Name: DIM Description:

Comments:

MCDONALD, JIM L

2013-01-17

16:49:34

SMCLXUJL

Received a call from attorney Spallina. He wants to talk to in-house cousel about not filing dec action because of expense. Sent Jackson legal message to call me or Spallina. JLM

Begin Date: Begin Time:

User Id: Workstation Id:

Business Area: Type: Status:

Queue: User Name:

DTM Description: Comments:

Begin Date:

2013-01-17

16:47:32 SMCDOJL

JLIFE DTHCLM CLREVIEW CLIENT

MCDONALD, JIM L

Begin Time: User Id: Workstation Id:

Business Area: Type: Status:

Queue: User Name: DTM Description: Comments:

2013-01-15 11:50:00

JWALKK

DTM Job Name: PTM Return Code: DTM Task Name: DTM Next Task: End Date:

End Time:

2013-01-15 11:50:00

WALKER, KELLIE

faxed client letter to Robert Spallina and advised of court order

requried..faxed to 561-997-7308

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

November 29, 2012

LASALLE NATIONAL TRUST N.A C/O ROBERT SPALLINA, ATTORNEY AT LAW-4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09801925

Dear Trustee:

We are writing to remind you that we have not received the previously requested items necessary to proceed with our review of the pending claim on the above referenced policy. The required items are:

- The enclosed Claimant Statement completed and signed by the named beneficiary. If the beneficiary has
 had a change in name, we require a copy of the applicable marriage license, divorce decree or similar legal
 documents.
- Trust Documentation Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and ovaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time, V02091806

Sincerely,

D. Henderson Claims Services

Enclosure(s): IL Departmen

II. Department of Insurance Notification Life Claimant Statement No RAA Claims Department - Heritage Union Life Insurance Company

Fax No.803-333-4936

DATE:

Thursday, October 4, 2012

FROM:

Robert L. Spallina, Esq. Tescher & Spallina, P.A.

Boca Village Corporate Center I 4855 Technology Way, Suite 720 Boca Raton, Florida 33431 (561) 997-7008/(800) 997-7008

(561) 997-7308 (fax)

E-mail; RSPALLINA@TESCHERSPALLINA.COM -or- WWW.TESCHERSPALLINA.COM

X

FILE NO .:

Bernstein, Est. Of Simon/Our File No. 11187,006

WE ARE TRANSMITTING 3 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CONTACT US AS SOON AS POSSIBLE.

COMMENTS: Please see the attached Letters of Administration on the Estate of Simon L. Bernstein. This relates to policy #1009208 and Simon L. Bernstein was the insured.

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. If you have received this communication in error, please immediately notify us by telephone. Thank you.

IN THE CIRCUIT COURT FOR PALM	BEACH COUNTY, FL					
IN RE; ESTATE OF	PROBATE DIVISION		SP 22			
SIMON L. BERNSTEIN,	File No. 500/2010	204391	HORAC CO.			
Deceased,	ブこ	Juni-se	ELECTION AND AND AND AND AND AND AND AND AND AN			
LETTERS OF ADMINISTRATION						
		L	- TX 9			
TO ALL WHOM IT MAY CONCERN			w:			
WHEREAS, Simon L. Bernstein, a resident of Palm Beach County, died on September 13, 2012,						
owning assets in the State of Florida, and						
WHEREAS, Robert L. Spallina	and Donald R. Tescher	have been appointe	d as co-Personal			
Representatives of the Estate of the deced	ent and has performed all	acts prerequisite to is	suance of Letters			
of Administration in the estate,						
NOW, THEREFORE, I, the unde	rsigned Circuit Judge, decl	lare Robert L. Spallir	na and Donaid R.			
Tescher as duly qualified under the laws of the State of Florida to act as co-Personal Representatives of the						
Estate of Simon L. Bernstein, deceased, with full power to administer the estate according to law; to ask,						

DONE and ORDERED in Chambers at Delray, Palm Beach County, Florida, on this 2 day of 0 + 2012.

demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Estate must be closed months from the date of order

Circuit Judge

STATE OF FLORIDA . PALM BEACH COURTY

t hereby cardly that the foregoing is a true copy as recorded in my office and the

same is in full turce and ellect.

DAY OF CAMPTROLLER

Sat Form No. 2-3 (420) O Handa Lawyer Support Services, Inc. Text Revised October 1, 1995

LAW OFFICES

TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, FLORIDA 33431

ATTORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

Trl: 561-997-7008 Fax: 561-997-7306 Toll Free: 888-997-7508 WWW.Tescherspillina.com Support Staff
Diane Dustin
Kimberly Moran
Suann Tescher

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Brec Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

Re:

Insured: Simon L. Bernstein

Contract No.: 1009208

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not besitate to contact me.

Sincerely,

Robert & Jalling Km

RLS/km

Enclosures

From: (561) 997-7008 Kimberly Motan TESCHER & SPALLINA 4855 Technology Way Suite 720 BOCA RATON, FL 33431

Origin ID: PHKA

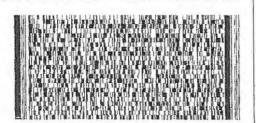
Fed Ex.



J12201209200325

SHIP TO: (800) 825-0003 BILL SENDER
Claims Department
Heritage Union Life Insurance Compa
1275 Sandusky Road

JACKSONVILLE, IL 62651



Ship Date: 21DEC12 ActWgt 1.0 LB CAD: 1544078/INET3300

Delivery Address Rec Code

Ref # Bernstein 11187.006

Invoice # PC #
Dept #

TRK# 7943 7521 3807

MON - 24 DEC AA STANDARD OVERNIGHT

SH SPIA

62651 IL-US STL

