

TRUST CLAIM FORM

This claim form sets forth your claim for recovery under the Tronox Incorporated Tort Claims Trust Distribution Procedures (“**TDPs**”). Please carefully follow all of the instructions in this claim form and complete this claim form as thoroughly and accurately as possible. Should there be insufficient space to list all of the relevant information, please attach additional sheets.

Capitalized terms not defined in this claim form are defined in the TDPs and the Instruction Letter. Please review the documents and claims materials carefully. ***Nothing in this Trust Claim Form, the Cover Letter, or the Instruction Letter is intended to replace or modify the requirements of the Plan, the TDPs, or the Arbitration Procedures. All Claimants are encouraged to read thoroughly and understand the TDPs and the Arbitration Procedures before filing a Tort Claim.***

In addition to filing this claim form, you will need to provide certain documents to support your Claim. This claim form will provide instructions concerning the additional documentation you need to submit. Please review it carefully and enclose all of the required documentation.

Once this claim form is completed, it must be signed by the Claimant or the Claimant’s attorney. If you are represented by an attorney, it is important to ask him or her any questions you have about this claim form before you sign it. If someone else prepared this claim form for you, review its contents carefully. You are responsible for the accuracy of all information provided to the Tort Claims Trust in this claim form.

**TRONOX TORT CLAIMS TRUST
TRUST CLAIM FORM (CATEGORY C)**

PART 1: LEGAL REPRESENTATION			
A. Attorney Name:			
	_____	_____	_____
	Last Name (<i>and suffix, if applicable</i>)	Given Name (First)	M.I.
B. Law Firm Name: _____			
C. Law Firm Address:			
	_____	_____	_____
	Street Number and Street Name		Suite or Floor
	_____	_____	_____
	City	State	Zip Code
D. Attorney Contact Information:			
	Phone _____	E-mail _____	
E. Paralegal or Contact Name:			
	_____	_____	_____
	Last Name (<i>and suffix, if applicable</i>)	Given Name (First)	M.I.
F. Contact Information for Paralegal or Contact Person:			
	Phone _____	E-mail _____	

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PART 2: INJURED PARTY INFORMATION			
A. Current Legal Name:			
If the Injured Party is a business (partnership, corporation, or LLC), include the name of the business and the name of an authorized officer of the business above:	_____ <small>Family Name (Last), and suffix if applicable</small>	_____ <small>Given Name (First)</small>	_____ <small>M.I.</small>
	_____ <small>Business name</small>	_____ <small>D/B/A</small>	
B. Identification Number:			
U.S. Social Security Number: _____			
<i>Or Alternate Identification</i> Type: _____ No.: _____			
<i>Or Business EIN / Tax ID#</i> No.: _____			
C. Date of Birth:			
D. Home Address:			
_____ <small>Street Address</small>			_____ <small>Apt. No.</small>
_____ <small>City</small>		_____ <small>State</small>	_____ <small>Zip Code</small>
E. Contact Info.:			
Phone _____		E-mail _____	
F. Is the Injured Party deceased?			
<input type="checkbox"/> Yes (<i>Complete Part 3</i>) <input type="checkbox"/> No (<i>Skip Part 3</i>)			
If Yes, please provide the date of death: _____			
_____ <small>Month</small>		_____ <small>Day</small>	_____ <small>Year</small>

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PART 3: OFFICIAL REPRESENTATIVE OF DECEASED, INCOMPETENT, OR MINOR INJURED PARTY			
A. Current Legal Name:			
_____ <small>Last Name (and suffix, if applicable)</small>	_____ <small>Given Name (First)</small>	_____ <small>M.I.</small>	
B. Home Address:			
_____ <small>Street Number and Street Name</small>			_____ <small>Apt. No.</small>
_____ <small>City</small>		_____ <small>State</small>	_____ <small>Zip Code</small>
C. Contact Info.:			
Phone _____		E-mail _____	
D. Death Certificate: If the Injured Party is deceased and you are filing a claim on his or her behalf, you must attach a copy of the Injured Party's death certificate to this claim form. If the Injured Party is deceased, but you are not able to provide a copy of his or her death certificate, please explain why in the space below.			
Check One of the Following:			
<input type="checkbox"/> The Injured Party is not deceased.			
<input type="checkbox"/> A copy of the Injured Party's Death Certificate is attached.			
<input type="checkbox"/> A copy of the Injured Party's Death Certificate is NOT attached, for the following reason:			
_____ _____ _____			
E. Certificate of Official Capacity or Other Estate Documentation: If you are the Injured Party's personal representative and the applicable state's law requires you to obtain a certificate of official capacity or other documentation to show that you are authorized to act on the Injured Party's behalf, you must attach a copy of the certificate or other documentation to this claim form. If you are acting on behalf of the Injured Party but are unable to attach a copy of the certificate of official capacity or other documentation, please explain why in the space below.			
Check One of the Following:			
<input type="checkbox"/> A copy of the certificate of official capacity or other estate documentation required by applicable state law is attached.			
<input type="checkbox"/> Applicable state law does not require a certificate of official capacity or other estate document, and therefore no certificate is attached.			
<input type="checkbox"/> A copy of the certificate of official capacity, although required by state law, is NOT attached, for the following reason:			
_____ _____ _____			

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PART 4: CATEGORY C - PROPERTY DAMAGE CLAIMS

To support your Property Damage Claim, you must submit the following information:

A. Proof of Claim that was filed on the Injured Party's behalf in Tronox's bankruptcy proceeding. Please check the box below to confirm that you are attaching the Proof of Claim.

I am attaching a Proof of Claim

Note: If a Proof of Claim was not filed on the Injured Party's behalf in Tronox's bankruptcy proceeding, you cannot file a Property Damage Claim. You must instead submit your Claim for consideration as a Future Tort Claim. Please visit the Trust's website at www.tronoxorttrust.com and download the claims materials for Category A Claims for instructions on how to file a Future Tort Claim.

B. Claimed Amount of Damages (for Your Claim Only): _____

C. Address of Property at Issue: _____

D. Tronox Debtor Allegedly Liable for Damage to Property: _____

E. All documents and information you intend to rely upon in arbitration to support your claim.

I am attaching the following documents (please list; attach separate sheet if necessary):

F. A copy of any pleadings and dispositive motions from any lawsuit filed by you or on your behalf arising from or relating to the property damage that is the basis of your Property Damage Claim.

I am attaching the following documents (please list; attach separate sheet if necessary):

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PART 5: RECOVERY FROM OTHER DEFENDANTS

All Claimants must provide information concerning any recoveries the Injured Party (or the Injured Party's Official Representative) received from other defendants and claims-resolution organizations related to the Injured Party's Claim. Check the boxes below that best identify the status of any recoveries from other defendants:

(1) The Injured Party (or his Official Representative) has *not* asserted a claim related to the one asserted above against another defendant or claims-resolution organization.

(2) The Injured Party (or the Injured Party's Official Representative) has received payment (or has a right to receive payment) from another defendant or claims-resolution organization on a claim related to the one asserted above.

If you checked box 2, please provide the following information:

A. Payer's Name: _____

B. Payer's Address: _____

Street Number and Street Name Suite or Floor

City State Zip Code

C. Payer's Contact Information: **Phone** _____ **E-mail** _____

D. Amount of Payment: _____

E. Source of Payment: _____

F. For Payments from Court Awards and Settlements: _____
Name of Case

(Please attach (1) a copy of the most recent complaint and (2) the verdict, order, or settlement agreement setting forth the amount of the award)

Case Number Jurisdiction Where Case Was Pending

Description of Claim

G. For Payments from Insurance: _____
Type of Policy Under which Payment Was Made (i.e., Liability, No-Fault, Workers' Compensation)

Policy Number State in which Policy Was Issued

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- (3) The Injured Party (or the Injured Party's Official Representative) has asserted a claim against another defendant or claims-resolution organization that is related to the Claim asserted above, and the claim has not yet been resolved (whether by verdict, judgment, settlement, or otherwise).

If you checked box 3, please provide the following information:

**A. Defendant's/
Organization's
Name:**

**B. Defendant's/
Organization's
Address:**

Street Number and Street Name Suite or Floor

City State Zip Code

**C. Defendant's/
Organization's
Contact
Information:**

Phone _____ **E-mail** _____

**D. Case/Claim
Information:**

(Please attach a copy of the most recent complaint or clam form)

_____ Name of Case/Claim

_____ Case/Claim Number Jurisdiction Where Case /Claim Is Pending

_____ Description of Case/Claim

- (4) The Injured Party (or the Injured Party's Official Representative) had asserted a claim against another defendant or claims-resolution organization that was related to the Claim asserted above, and the claim was dismissed with prejudice or was denied.

If you checked box 4, please provide the following information:

**A. Defendant's/
Organization's
Name:**

**B. Defendant's/
Organization's
Address:**

Street Number and Street Name Suite or Floor

City State Zip Code

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**C. Defendant's/
Organization's
Contact
Information:**

Phone _____ **E-mail** _____

**D. Case/Claim
Information:**

(Please attach a copy of the order or notice dismissing or denying the case or claim)

Name of Case/Claim

Case/Claim Number

Jurisdiction Where Case /Claim Was Pending

Description of Case/Claim

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PART 6: SIGNATURE PAGE

All Claims must be signed by the Claimant or the Claimant's attorney.

If signed by the Claimant: I (the Injured Party or the Injured Party's Official Representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the information submitted is true and correct.

If signed by the Claimant's attorney: I (counsel to the Injured Party or the Injured Party's Official Representative) certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Signature of Claimant or Claimant's Attorney

Please print the name and relationship to the Injured Party of the signatory above

Date: _____ / _____ / _____
(month) (day) (year)