

HOLOCAUST ERA ASSET RESTITUTION TASKFORCE (PROJECT HEART)

WHAT IS THIS NOTICE ABOUT?

The purpose of this notice is to inform eligible persons about the Holocaust Era Asset Restitution Taskforce (Project HEART). The Holocaust Era Asset Restitution Taskforce is a project of the Jewish Agency for Israel (JAFI), funded by and in cooperation with the Government of Israel.

Project HEART is focusing, at this stage, on identifying individuals with potential claims regarding the following types of private property: (1) private property that was located in countries that were controlled by Nazi forces or Axis powers at any time during the Holocaust era; AND (2) private property that belonged to Jewish persons as defined by Nazi/Axis racial laws; AND (3) private property that was confiscated/looted/forcibly sold by Nazi forces or Axis powers during the Holocaust era.

The ultimate aim of Project HEART is to provide the tools, strategy, and information to enable the Government of Israel, the project, and its partners to bring about a small measure of justice to eligible heirs of Jewish victims, the victims themselves, and the Jewish people.

The Holocaust Era Asset Restitution Taskforce is reaching out to eligible persons, Jewish Holocaust victims and their heirs worldwide, who or whose families owned movable, immovable, or intangible personal property that was confiscated/looted/forcibly sold in countries governed or occupied by Nazi forces or Axis powers during the Holocaust era.

TYPES OF ELIGIBLE PROPERTIES

Eligible properties for the Holocaust Era Asset Restitution Taskforce include private properties of all kinds:

- (1) **IMMOVABLE PROPERTY** (an item of property that cannot be moved without destroying or altering it) such as real estate: land, including buildings thereon, and land without buildings; AND
- (2) **MOVABLE PROPERTY** (any property that can be moved from one location to another) such as art, Judaica, livestock, professional tools, precious metals, precious stones, jewelry, and other movable property; AND
- (3) **INTANGIBLE PERSONAL PROPERTY** (personal property that cannot actually be moved, touched, or felt but instead represents something of value) such as negotiable instruments (for example, stocks, bonds, insurance policies, savings accounts, registered patents, dowry policies) and other intangible personal property, including debts and liabilities (negative assets such as outstanding loans and mortgages).

WHO IS ELIGIBLE

For the Holocaust Era Asset Restitution Taskforce (Project HEART), you may submit the Questionnaire if:

- (1) You are an heir of a Jewish person who was subject to persecution under Nazi/Axis racial laws during the Holocaust era; OR
- (2) You are a Jewish person who was subject to persecution under Nazi/Axis racial laws during the Holocaust era; AND
- (3) You or your Jewish relatives owned or have a claim to private, movable, immovable or intangible property that was (i) located in the countries governed/occupied by Nazi forces and Axis powers and (ii) confiscated/looted/forcibly sold during the Holocaust era; AND
- (4) No restitution was made to you or your relatives for that property after the Holocaust era.

This notice describes the procedure for submitting information and participating in Project HEART and includes the Questionnaire. If you wish to participate in Project HEART, you need do nothing other than file the Questionnaire electronically via the website <http://www.heartwebsite.org>, fax your Questionnaire to +1-414-961-2744, email it to english@heartwebsite.org, or mail it by First-Class Mail postmarked by December 1, 2011.

WHO IS NOT ELIGIBLE

Applicants will not be considered if their property was located in areas including, but not restricted to:

- (1) Regions and territories governed/controlled by the former Soviet Union prior to August 23, 1939; AND
- (2) Regions and territories governed/controlled by/allied with Imperial Japan.

You may access additional information about Project HEART and download or request additional Questionnaires and other documents on Project HEART's official website: <http://www.heartwebsite.org>

**QUESTIONNAIRES SHOULD BE SUBMITTED BY DECEMBER 1, 2011, TO
ONE OF THE FOLLOWING ADDRESSES:**

**PROJECT HEART
PROJECT ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170700
MILWAUKEE, WI 53217-8091
USA**

**PROJECT HEART
PROJECT ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 1343
HOLON 58112
ISRAEL**

**QUESTIONNAIRES CAN ALSO BE SUBMITTED ELECTRONICALLY ONLINE VIA THE WEBSITE
[HTTP://WWW.HEARTWEBSITE.ORG](http://www.heartwebsite.org)**

EMAILED TO ENGLISH@HEARTWEBSITE.ORG

OR FAXED TO +1-414-961-2744

Within two to three months from the submission of the Questionnaire, you will be mailed a postcard confirming the receipt of your Questionnaire and advising you of the Questionnaire tracking number. Please do not call to inquire about the receipt of the Questionnaire. The confirmation will be mailed to you as soon as the Questionnaire is processed. Thank you for your patience.



ENGLISH

FOR INTERNAL USE ONLY

**MUST BE SUBMITTED NO
LATER THAN
DECEMBER 1, 2011**



PROJECT HEART

FOR INTERNAL USE ONLY

**HOLOCAUST ERA ASSET RESTITUTION TASKFORCE (PROJECT HEART)
QUESTIONNAIRE**

You are eligible to submit the Questionnaire if:

- (1) You are an heir of a Jewish person who was subject to persecution under Nazi/Axis racial laws during the Holocaust era; OR
- (2) You are a Jewish person who was subject to persecution under Nazi/Axis racial laws during the Holocaust era; AND
- (3) You or your Jewish relatives owned or have a claim to private immovable, movable, or intangible property that was (i) located in the countries governed/occupied by Nazi forces and Axis powers and (ii) confiscated/looted/forcibly sold during the Holocaust era; AND
- (4) No restitution was made to you or your relatives for that property after the Holocaust era.

You are NOT eligible to submit the Questionnaire if the property was located in areas including, but not restricted to:

- (1) Regions and territories governed/controlled by the former Soviet Union prior to August 23, 1939; AND
- (2) Regions and territories governed/controlled by/allied with Imperial Japan.

You are encouraged to submit the Questionnaire even if your information is incomplete or you have no documentation, since anecdotal information will be considered. You must submit the completed and signed Questionnaire and copies of any supporting documents to one of the following addresses:

**PROJECT HEART
PROJECT ADMINISTRATOR
c/o A.B. DATA, LTD.
PO BOX 170700
MILWAUKEE, WI 53217-8091
USA**

**PROJECT HEART
PROJECT ADMINISTRATOR
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**PLEASE FILL OUT A SEPARATE QUESTIONNAIRE FOR EACH TYPE OF PROPERTY
AND FOR EACH IMMOVABLE (REAL ESTATE) PROPERTY.**

Submission of this Questionnaire does not ensure that you will receive restitution under the umbrella of Project HEART.

THE DEADLINE FOR SUBMISSION OF THE QUESTIONNAIRE IS DECEMBER 1, 2011.

Your failure to submit the completed and signed Questionnaire by **December 1, 2011**, may preclude you from participation in Project HEART. Please keep a copy of the Questionnaire for your records.

PREFERRED LANGUAGE OF COMMUNICATION

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|---|--------------------------------------|
| 1. <input type="checkbox"/> Czech | 4. <input type="checkbox"/> German | 7. <input type="checkbox"/> Italian | 10. <input type="checkbox"/> Portuguese | 13. <input type="checkbox"/> Serbian |
| 2. <input type="checkbox"/> English | 5. <input type="checkbox"/> Hebrew | 8. <input type="checkbox"/> Spanish | 11. <input type="checkbox"/> Romanian | |
| 3. <input type="checkbox"/> French | 6. <input type="checkbox"/> Hungarian | 9. <input type="checkbox"/> Polish | 12. <input type="checkbox"/> Russian | |

PLEASE PRINT OR TYPE AND FILL OUT TO THE BEST OF YOUR KNOWLEDGE

I, _____, state as follows:

QUESTIONS? VISIT [HTTP://WWW.HEARTWEBSITE.ORG](http://www.heartwebsite.org)

1. PERSONAL INFORMATION

Please include a copy of your passport, identity card, or some other official documentation. Please do not send the original documents. Legal representatives must attach power of attorney or other instrument showing authority to act as a legal representative.

1.1. YOUR LAST NAME (please include name changes and changes of spelling, if any)

1.2. YOUR FIRST NAME

1.3. NAME AT BIRTH OR OTHER

1.4. YOUR GENDER

MALE FEMALE

1.5. YOUR DATE OF BIRTH

DAY / MONTH / YEAR

[] [] [] []	/	[] [] [] []	/	[] [] [] [] [] [] [] [] [] []
[] [] [] []	/	[] [] [] []	/	[] [] [] [] [] [] [] [] [] []

1.6. YOUR PLACE OF BIRTH

City	State	
Province or Region	Country	

1.7. YOUR CURRENT CONTACT INFORMATION

Address 1

Address 2

City	State	Province or Region
Postal Code	Country	

Telephone Number (Day) Telephone Number (Night)

You MUST include country code, city code, or area code and the telephone number.

Facsimile

You MUST include country code, city code, or area code and the facsimile number.

Email Address

2. PROPERTY OWNER	
Please complete even if the property owner is the applicant. If more than one property owner exists, please copy this page and complete.	
2.1. LAST NAME (please include name changes and changes of spelling, if any)	<input type="text"/>
2.2. FIRST NAME	<input type="text"/>
2.3. NAME AT BIRTH	<input type="text"/>
2.4. MIDDLE NAME OR ALIASES/OTHER	<input type="text"/>
2.5. GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
2.6. RELIGION	<input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER _____
2.7. DATE OF BIRTH	DAY / MONTH / YEAR <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>
2.8. PLACE OF BIRTH	
City	State
<input type="text"/>	<input type="text"/>
Province or Region	Country
<input type="text"/>	<input type="text"/>
3. PROPERTY (If submitting information for more than one type of property, please complete more than one Questionnaire. Please complete a separate Questionnaire for each immovable (real estate) property.)	
3.1. PROPERTY TYPE (please check one):	
(1) <input type="checkbox"/> IMMOVABLE: <input type="checkbox"/> Real Estate <input type="checkbox"/> Land <input type="checkbox"/> Other _____	
(2) <input type="checkbox"/> MOVABLE: <input type="checkbox"/> Art <input type="checkbox"/> Judaica <input type="checkbox"/> Professional Tools <input type="checkbox"/> Precious Stones <input type="checkbox"/> Jewelry <input type="checkbox"/> Other _____	
(3) <input type="checkbox"/> INTANGIBLE: <input type="checkbox"/> Negotiable Instruments <input type="checkbox"/> Other _____	
Describe property _____	
3.2. Approximate date the property was confiscated/looted/forcibly sold:	
DAY / MONTH / YEAR	
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	
3.3. ADDRESS OF FORMER PROPERTY, IF AVAILABLE	
Address 1	
<input type="text"/>	
Address 2	
<input type="text"/>	
City	
<input type="text"/>	
Province or Region	
<input type="text"/>	

6. COMPENSATION

6.1. Have you or anybody else from your family received any compensation for this property after the Holocaust era?

Yes No I do not know

6.2. If yes, provide details.

7. ANY OTHER INFORMATION OR DOCUMENTS WHICH MIGHT BE HELPFUL

Enclosures (below):

- Authorization to Process Data, Including Sensitive Data
- Disclaimer
- Signature Statement
- Copy of identity document (enclosed)
- Copy of supporting documentation (enclosed). PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

Place

Date

Signature

AUTHORIZATION TO PROCESS DATA, INCLUDING SENSITIVE DATA

I hereby authorize the Project Administrator to process the data referenced in my Questionnaire, including sensitive data. This information is not to be used for reasons other than the Holocaust Era Asset Restitution Taskforce and its present or future owners, partners, and components. In addition, I hereby authorize the Holocaust Era Asset Restitution Taskforce and its present or future owners, partners, and components to share all or any of the data, including sensitive data, with relevant governments or authorities in its efforts to achieve compensation. I also hereby authorize the Project Administrator to transfer some or all documents of the Holocaust Era Asset Restitution Taskforce to Yad Vashem for safekeeping upon conclusion of the Holocaust Era Asset Restitution Taskforce.

DISCLAIMER

I understand that submission of this Questionnaire does not in any way ensure that I will receive any restitution whatsoever under the umbrella of the Holocaust Era Asset Restitution Taskforce or its present or future owners, partners, and components.

SIGNATURE STATEMENT

I declare that the statements made and the answers given in this Questionnaire are to the best of my knowledge true and correct and that the documents submitted herewith are true and genuine.

Date

Signature

Within two to three months from the submission of the Questionnaire, you will be mailed a postcard confirming the receipt of your Questionnaire and advising you of the Questionnaire tracking number. Please do not call to inquire about the receipt of the Questionnaire. The confirmation will be mailed to you as soon as the Questionnaire is processed. Thank you for your patience.