



HEIR ATTESTATION FORM

CLAIMING FOR A PERSON WHO HAS DIED (WITHOUT AN ESTATE)

You're receiving this Attestation Form because you made a claim for someone who has died, and no one has been appointed to represent their estate.

To make a claim for a Deceased Individual Class Member as a Representative Claimant, you must be one of the highest priority living heirs (family members) of the Deceased Individual Class Member.

This Attestation Form must be completed by:

1. The **Representative Claimant (you)** who submitted the Representative Claim Form and;
2. **One other person who knew the Deceased Individual Class Member personally ("Witness")**
 - a. Note, the Witness cannot be receiving compensation as part of this claim.

PLEASE COMPLETE THIS SECTION

The claim ID for the claim is:	
Full Name of the Deceased Individual Class Member:	
Your Full Name (Representative Claimant):	
Your relationship to Deceased Individual Class Member (Representative Claimant):	
Full Name of Witness:	
Witness' relationship to Deceased Individual Class Member:	

ALL THREE (3) DECLARATIONS ARE REQUIRED AND MUST BE COMPLETED

1. I declare to the best of my knowledge and belief that the Deceased Individual Class Member:
 - a. Did not have a valid will at the time of their death,
 - b. Does not have any executor, administrator, trustee, or liquidator that has been appointed for them by a Provincial or Territorial court, and
 - c. Does not have an estate representative appointed for them by the Government of Canada or their First Nation.

For the second and third declarations, please note:

For a person who dies without an estate, the Settlement Agreement provides 'priority' to their living family members, in this order:

1. Husband / Wife/Spouse
2. Common Law or de facto partner
3. Child
4. Grandchild
5. Parent
6. Brother or Sister
7. Niece or Nephew

2. I declare to the best of my knowledge and belief that there are no living family members who have a higher priority than me.

If you do not agree that the declaration is true, then unfortunately you are not eligible to make a claim on behalf of the person who died. Only the highest priority living family member can make a claim.

Please contact the Administrator at 1-833-252-4220 if you are no longer able to proceed with this claim.

3. I declare to the best of my knowledge and belief that one (1) of the following statements is true:
a. That there are no other living family members who have equal priority to me; OR
b. There are living family members who have equal priority to me, and I have listed all their names in the table below.

For each equal priority living heir, please complete the *Consent Form for Equal Priority Living Heirs Appointing a Person to Make This Claim on Behalf of a Deceased Individual Class Member* on Page 3. The Administrator cannot process the claim until these forms are received for each equal priority living heir.

If there is not enough space, then please attach a separate piece of paper with the complete list of living family members with equal priority to you.

Name(s) of equal priority living heirs	How are they related to the Deceased Individual Class Member? (Example: child, parent, sibling, etc.)	Has this equal priority living heir completed the Consent Form (Page 3)? (Yes/No)

Please note the following before proceeding:

You can be appointed to represent an estate by being named executor in the will, or by appointment by a court, or the Government of Canada, or the First Nation where the deceased person resided. If you or someone else has been appointed, then please fill out Part 8 instead and send the estate documents to the Administrator.

**BY SIGNING BELOW, YOU (REPRESENTATIVE CLAIMANT) AND THE WITNESS
 AGREE THAT ALL THREE (3) DECLARATIONS ABOVE ARE TRUE.**

Please note the information you complete in this Attestation Form will be used to process the claim if the information differs from the Representative Claim Form submitted.

Representative Claimant (you) declaration and signature:	Witness declaration and signature:
Print your Full Name (required):	Print Witness Full Name (required):
Your Signature (required):	Signature of Witness (required):
Date of Your Signature (DD/MM/YYYY) (required):	Date of Witness Signature (DD/MM/YYYY) (required):

CONSENT FORM FOR EQUAL PRIORITY LIVING HEIRS APPOINTING A PERSON TO MAKE THIS CLAIM ON BEHALF OF A DECEASED INDIVIDUAL CLASS MEMBER

This Form is only required if there is an equal priority living heir listed on Page 2 of this Attestation Form.

A copy of this form is required to be completed by each equal priority living heir.

“I declare that the Representative Claimant and I are equal priority living heirs of the Deceased Individual Class Member, and I consent to the Representative Claimant submitting this application for compensation on behalf of the Deceased Individual Class Member.”

PLEASE COMPLETE THE FOLLOWING SECTIONS

Please provide the following information:	
The claim ID for the claim is:	
Full Name of the Deceased Individual Class Member:	
Deceased Individual Class Members' relationship to you:	
Your Full Name:	
Name of Representative Claimant submitting a claim on behalf of Deceased Individual Class Member:	
Your relationship with the Representative Claimant:	

Please provide the following contact information:	
Street name and number (if no PO box):	
Unit number (if you have one):	
PO Box (if you have one):	
City/Town/Community:	
Province/Territory:	
Postal Code:	
Country:	
Phone Number (if you have one):	
Email Address (if you have one):	

BY SIGNING BELOW, YOU (EQUAL PRIORITY LIVING HEIR) CONSENT TO THE REPRESENTATIVE CLAIMANT MAKING THIS CLAIM ON BEHALF OF THE DECEASED INDIVIDUAL CLASS MEMBER

Equal Priority Living Heir (you) declaration and signature:	
Your Signature (required):	Date of Your Signature (DD/MM/YYYY) (required):