

SUB-FORM B.1:

LIQUIDATOR TO AN ESTATE OF THE DECEASED PURSUANT TO A WILL, CODICIL OR MARRIAGE CONTRACT

In **Section 1**, fill in the blanks where indicated. If options are listed, please check the box next to the option that is applicable to your situation.

Locate and attach all exhibits referred to in the Declaration. For ease of reference, the exhibits are also listed in **Section 2**.

The Declaration must be signed before a Commissioner of Oaths. Signing can be done remotely.

If the QCAP Agent (Proactio) is assisting you with your Declaration, they can arrange for a Commissioner of Oaths to commission your Declaration prior to submitting it to the Claims Administrator.

If you are not using the assistance of the QCAP Agent (Proactio), you may locate a Commissioner of Oaths to commission your Declaration at the following link: <https://www.assermentation.justice.gouv.qc.ca/ServicesPublicsConsultation/Commissaires/Proximate/Criteres.aspx>.

If submitting your Claim Form electronically, please save the Declaration and Exhibits together in one PDF file and name the document “[Health insurance card number of the deceased Tobacco Victim]-Declaration of Liquidator.pdf”.

SECTION 1. DECLARATION OF A LIQUIDATOR PURSUANT TO A WILL, CODICIL OR MARRIAGE CONTRACT

I _____ (name), _____ (profession), residing and domiciled at _____ (address), do solemnly affirm the following:

1. I attach hereto the death certificate of _____ (name of deceased).
2. I attach hereto the Will Search Certificate of _____ (name of deceased) from the *Chambre des notaires du Québec*.
3. I attach hereto the Will Search Certificate of _____ (name of deceased) from the Bar of Quebec.
4. I attach hereto:
 - the notarial will;
 - the will, together with the judgment probating the will or minutes of probate by a notary;
 - the notarial codicil;
 - the codicil, together with the judgment probating the codicil or the minutes of probate by a notary;
 - the registered marriage contract.

pursuant to which I was appointed the liquidator to the estate of _____ (name of deceased).

5. I confirm that I am still acting in the capacity as liquidator to the estate of _____ (name of deceased) and confirm that I shall receive any compensation due to such estate and distribute such compensation in accordance with the deceased's instructions in accordance with my duties.

6. If applicable, I also attach any other relevant documents for the estate of _____ (name of deceased).

Examples of other relevant documents include a certified copy of will before witnesses or holograph will probated by a Notary; a court order appointing a provisional liquidator or replacement liquidator; or a notarial deed or private writing executed by the heirs appointing a liquidator.

7. All of the facts contained herein are true and all of the documents that I have submitted in support of this claim are genuine and have not been altered in any way.

AND I HAVE SIGNED,

Name of Succession Claimant

On _____ (Date)

SOLEMNLY AFFIRMED BEFORE ME remotely

the Succession Claimant at _____ (City), Quebec

the Commissioner of Oaths at _____ (City), Quebec

Commissioner for Oaths Quebec Number

SECTION 2. LIST OF DOCUMENTS TO ATTACH

- Death Certificate**
- Will Search Certificate – Chambres des notaires du Québec**
- Will Search Certificate – Barreau du Québec**
- (i) The Notarial Will; (ii) Will, together with the judgment probating the Will or minutes of probate by a notary; (iii) Notarial Codicil; (iv) Codicil, together with the judgment probating the Codicil or minutes of probate by a notary; or (v) Marriage Contract**
- If applicable, other relevant documents**