

SUB-FORM B.2:

LIQUIDATOR OF THE ESTATE OF A DECEASED, APPOINTED BY THE HEIRS

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

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/Proximite/Criteres.aspx>.

If submitting your Proof of Claim 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 OF THE ESTATE OF THE DECEASED, APPOINTED BY THE HEIRS

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. As appears from the foregoing, there are no registered wills in the name of _____ (name of deceased), and I do not believe that the deceased had a will.
5. I am the _____ (relationship) of _____ (name of deceased).
6. On _____ (date), I was appointed by the legal heirs of _____ (name of deceased) to act as liquidator to the estate of _____ (name of deceased), as appears from the following document:
 - a copy of a notarial deed;
 - a private writing;
 - any other document, as applicable.

7. 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 law in accordance with my duties as liquidator.
8. If applicable, I also attach any other relevant documents for the estate of _____ (name of deceased).
9. 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 Quebec**
- Copy of the Notarial Deed or Private Writing, or another document**
- If applicable, other relevant documents**