

SUB-FORM B.3:

HEIR OF THE ESTATE OF A 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.

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 for 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 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 Heir.pdf”.

SECTION 1. DECLARATION OF AN HEIR 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*.
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.

5. As appears from such document, I was named:
 - an heir to the estate of _____ (name of deceased);
 - a particular legatee entitled to receive compensation from the class action.
6. The estate is closed and there is no liquidator in place.
7. I am:
 - the sole heir;
 - one of several heirs
 to the estate of _____ (name of deceased).
8. If there are other heirs pursuant to the will or marriage contract entitled to receive compensation from the class action, I am attaching a list of their names and contact information.
9. If applicable, I also attach any other relevant documents for the estate of _____ (name of deceased).
10. 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 or Representative

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**

General Questions? Contact the Claims Administrator at 1-888-482-5852 or email info@TobaccoClaimsCanada.ca.
 Need Claim Form help? Contact the QCAP Agent (Proactio) at 1-888-880-1844 or email tabac@proactio.ca.

