

## SUB-FORM B.4:

# HEIR OF THE ESTATE OF A DECEASED BY OPERATION OF LAW

For **Section 1**, fill in the blanks where indicated. This document must be printed and signed before a Commissioner of Oaths.

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 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 Heir.pdf”.

## SECTION 1. DECLARATION OF A LEGAL HEIR OF THE ESTATE OF A DECEASED

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 above-referenced searches, 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. I attach a list containing the name and contact information (for living heirs) of all of \_\_\_\_\_ (name of deceased)'s other heirs, including, as applicable, the deceased's spouse, children, parents, siblings, nieces and nephews.
7. If applicable, I also attach any other relevant documents for the estate of \_\_\_\_\_ (name of deceased).
8. 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**
- A list of any other heirs, including their name, address, email address and telephone number**
- If applicable, other relevant documents**