

Case Number: 2:23-cv-04159-BP

**MUST BE COMPLETED
BEFORE RECEIVING SETTLEMENT CHECK**

LEGAL HEIR AFFIDAVIT AND INDEMNIFICATION AGREEMENT

I, , a citizen of the State/Commonwealth of , under the penalties of perjury, do hereby swear and affirm as follows:

1. I am the [relationship] of Settlement Class Member , who died on ("Decedent").

2. I am the only legal heir to Decedent's estate. (Please provide the requested information below):

First Name:

Last Name:

Social Security #:

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Address:

City:

State:

ZIP Code:

Telephone #:

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-OR-

I am familiar with all of Decedent's legal heirs. They are:

First Name:

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Last Name:

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Social Security #:

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Telephone #:

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First Name:

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Last Name:

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Last Name:

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First Name:

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[Please list Decedent's additional legal heirs on Pages 4-5]

3. I represent and warrant that the above-named individuals are the legal heir(s) of Decedent and are entitled to receive Decedent's share of the Net Settlement Fund.

4. As a term of receiving Decedent's share of the Net Settlement Fund, I agree to indemnify and hold harmless the Parties, including their counsel, the Settlement Administrator, and the Court from and against any loss, liability, cost or expense the Parties, including their counsel, the Settlement Administrator, and the Court may pay, sustain, or incur as a result of the Settlement Administrator's reissuance of Decedent's settlement check in the name of the person(s) listed herein as legal heir(s) of Decedent and/or the Settlement Administrator's distribution of Decedent's share of the Net Settlement Fund to the person(s) listed herein as legal heir(s) of Decedent.

5. I swear and attest that the statements contained in this affidavit are true and accurate.

Signed under penalty of perjury by:

Print Name

Date:

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MM DD YYYY

Signature

The following to be filled out by a Notary Public.

Sworn to before me this _____ day of _____, 20 _____

Notary Public Name

Signature

My Commission expires _____, 20 _____

First Name:

Last Name:

Social Security #:

Address:

City:

State: ZIP Code:

Telephone #:

First Name:

Last Name:

Social Security #:

Address:

City:

State: ZIP Code:

Telephone #:

First Name:

Last Name:

Social Security #:

Address:

City:

State: ZIP Code:

Telephone #:

First Name:

Last Name:

Social Security #:

Address:

City:

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First Name:

Last Name:

Social Security #:

Address:

City:

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First Name:

Last Name:

Social Security #:

Address:

City:

State:

ZIP Code:

Telephone #: