

**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.

OR

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

First Name:  
[ ]

Last Name:  
[ ]

Social Security Number:  
[ ] - [ ] - [ ]

Address:  
[ ]  
[ ]

City:  
[ ]

State: [ ] ZIP Code: [ ]

Current Phone Number:  
[ ] - [ ] - [ ]

First Name:  
[ ]

Last Name:  
[ ]

Social Security Number:  
[ ] - [ ] - [ ]

Address:  
[ ]  
[ ]

City:  
[ ]

State: [ ] ZIP Code: [ ]

Current Phone Number:  
[ ] - [ ] - [ ]

[Please list Decedent's additional legal heirs on Page 3-4.]

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:

[Empty rectangular box for printing name]

Print Name

Date: [MM] - [DD] - [YYYY]

[Empty rectangular box for signature]

Signature

**The following to be filled out by a Notary Public.**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

[Empty rectangular box for Notary Public Name]

Notary Public Name

[Empty rectangular box for Notary Signature]

Signature

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_

First Name:

Last Name:

Social Security Number:

Address:

City:

State: ZIP Code:

Current Phone Number:

First Name:

Last Name:

Social Security Number:

Address:

City:

State: ZIP Code:

Current Phone Number:

First Name:

Last Name:

Social Security Number:

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State: ZIP Code:

Current Phone Number:

First Name:

Last Name:

Social Security Number:

Address:

City:

State: ZIP Code:

Current Phone Number:

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