

I, _____, an NAS PI Claimant, have authority to act on behalf of Decedent for one of the following reasons (please select *one* and provide the applicable documentation):

Decedent Executed a Valid Will Naming NAS PI Claimant as the Executor/Administrator

List here and attach copies of all document(s) evidencing a valid Last Will and Testament executed by Decedent naming NAS PI Claimant as Executor/Administrator:	1. Last Will and Testament of _____, dated _____. 2. _____ 3. _____
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Decedent Executed a Valid Testamentary Trust Naming NAS PI Claimant as the Trustee

List here and attach copies of all document(s) evidencing a valid Testamentary Trust executed by Decedent naming NAS PI Claimant as Trustee:	1. Testamentary Trust executed by _____, dated _____. 2. _____ 3. _____
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Decedent Did Not Execute a Valid Testamentary Document (did not have an executed Will or Trust)

List here the intestate statute(s) of the Residence/Legal Domicile at Time of Death of the Decedent and attach a copy of the full language of the statute(s):	1. A copy of the intestate statute(s) of the state or domicile of the Deceased Claimant at the time of his or her death. 2. _____ 3. _____
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IV. Notice to Heirs and Beneficiaries of Decedent
(Attach additional sheets if needed)

Use the space below to identify the name and address of all persons who may have a legal right to share in any payment on behalf of the claim of the Decedent. Also state if and how you notified these persons of the NAS PI Trust, or the reason they cannot be notified.

	Name:	Information:	
1.		Address	
		Relationship to Decedent	
		Notified of NAS PI Trust?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____

2.		Address	
		Relationship to Decedent	
		Notified of NAS PI Trust?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ _____
3.		Address	
		Relationship to Decedent	
		Notified of NAS PI Trust?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ _____
4.		Address	
		Relationship to Decedent	
		Notified of NAS PI Trust?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ _____
5.		Address	
		Relationship to Decedent	
		Notified of Settlement?	<input type="checkbox"/> Yes. How notified: _____ <input type="checkbox"/> No. Why not notified: _____ _____
6.		Address	
		Relationship to Decedent	

		Notified of NAS PI Trust?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
7.		Address	
		Relationship to Decedent	
		Notified of NAS PI Trust?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____

V. NAS PI Claimant Certification – Sworn Declaration

This Sworn Declaration is an official document for submission to the NAS PI Trust. By signing this Sworn Declaration, I certify and declare under penalty of perjury pursuant to 28 U.S.C. §1746 that:

- A. I am seeking authority to act on behalf of the Decedent and his or her estate, heirs, and beneficiaries in connection with the NAS PI TDP, including with respect to the submission of forms and supporting evidence and the receipt of payment for any such awards.
- B. I will abide by all substantive laws of the Decedent’s last state of domicile concerning the compromise and distribution of any monetary award to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.
- C. If Decedent executed a valid Will naming NAS PI Claimant as the Executor/Administrator:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and his or her estate.
 - b. The copy of the Last Will and Testament provided by me is the Last Will and Testament of the Decedent.
 - c. I will notify the NAS PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- D. If Decedent executed a valid Testamentary Trust naming NAS PI Claimant as the trustee:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and his or her estate.
 - b. No one else has been appointed the trustee or other position with the authority to act on behalf of the Decedent and his or her estate.
 - c. The copy of the Testamentary Trust provided by me is the currently valid Testamentary Trust of the Decedent.
 - d. I will notify the NAS PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- E. If the Decedent did not execute a valid testamentary document:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and his or her estate.

b. There is no known Last Will and Testament of the Decedent and no application or proceeding has been filed in state or other court to administer the estate of the Decedent or to appoint an executor or administrator.

c. I will notify the NAS PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.

F. No application or proceeding has been filed in state or other court to administer the estate of the Decedent or to appoint an executor or administrator of the Decedent's estate.

G. I am not aware of any objections to my appointment and service as the NAS PI Claimant on behalf of the Decedent and his or her estate, heirs, and beneficiaries.

H. No person notified under Section IV objects to my serving as the NAS PI Claimant and taking such steps as required by the NAS PI TDP to resolve all claims related to the Decedent's prescription and/or use of opioids. The persons named in Section IV are all of the persons who may have a legal right to share in any payment issued in respect of the injuries of the Decedent.

V. NAS PI Claimant Certification – Sworn Declaration (Continued)

I. I will comply with any and all provisions of the state law regarding the compromise and distribution of the proceeds of any payment from the PI Trust to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.

J. In accordance with item I. above, I understand that I am responsible for locating and paying all heirs their proportionate share of any distribution based on the applicable Will, Trust or Intestate Statute.

K. I will indemnify, defend and hold harmless the NAS PI Trust, its agents and representatives, and any law firm(s) representing me from any and all claims, demands, or expenses of any kind arising out of distributions from the NAS PI Trust.

L. I understand that, by signing this Sworn Declaration, the sole remedy for any beneficiary that contests the allocation of the distribution from this case is to pursue me directly.

The information I have provided in this Declaration is true and correct. I understand that the NAS PI Trust, the Bankruptcy Court for the Southern District of New York and any law firm(s) representing me will rely on this Declaration, and false statements or claims made in connection with this Declaration may result in fines, imprisonment, and/or any other remedy available by law.

I, the undersigned, declare the above as true and correct under penalty of perjury:

Signature:

Date: