

HEIRSHIP DECLARATION FOR RITE AID OPIOID PERSONAL INJURY TRUST DISTRIBUTION PROCEDURES

SWORN DECLARATION AND RELEASE

Any holder of a Personal Injury Opioid Claim (a “**PI Claimant**”) regarding the opioid-related death of another person (the “**Decedent**”), or because of the death of the Decedent before the PI Opioid Claim is paid, is required to complete this declaration if the PI Claimant has not been named as the executor/administrator of the Decedent’s estate by a probate court. Moreover, the PI Claimant must also provide notice to any other beneficiary who may be entitled to receive a portion of the distribution of this case to ensure that all potential beneficiaries have received fair and proper notice of this distribution.

I. Decedent Information

Name:	First Name	Middle Initial	Last Name
Social Security Number:		Date of Death:	
Residence/Legal Domicile Address at Time of Death	Street		
	City	State	Zip Code

II. PI Claimant Information

Your Name	First Name	Middle Initial	Last Name
Your Social Security Number			
Your Address	Street		
	City	State	Zip Code
Your Relationship to Decedent			

III. Authority to Receive a Distribution

I, _____, a 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 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 PI Claimant as Executor/Administrator:	1. Last Will and Testament of _____, dated _____. 2. _____ 3. _____

III. Authority to Receive a Distribution (continued)

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

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 settlement payment on behalf of the claim of the Decedent. Also state if and how you notified these persons of the settlement, or the reason they cannot be notified.

	Name:	Information:	
1.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
2.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____

IV. Notice to Heirs and Beneficiaries of Decedent (continued)

	Name:	Information:	
3.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
4.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
5.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
6.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
7.		Address	
		Relationship to Decedent	
		Notified of Settlement?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____

V. PI Claimant Certification – Sworn Declaration

This Sworn Declaration is an official document for submission to the 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 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 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 PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- D. If Decedent executed a valid Testamentary Trust naming 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 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 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 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 PI Claimant and taking such steps as required by the PI TDP to resolve all claims related to the Decedent's prescription for a qualifying opioid filled by Rite Aid. The persons named in Section IV are all of the persons who may have a legal right to share in any settlement payment issued in respect of the injuries of the Decedent.

V. 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 the settlement of a survival or wrongful death claim 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 the distribution based on the applicable Will, Trust or Intestate Statute.
- K. I will indemnify, defend and hold harmless the 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 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 PI Trust, the Court 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: