HEIRSHIP DECLARATION FOR PURDUE PI TRUST DISTRIBUTION PROCEDURES

SWORN DECLARATION AND RELEASE

Any holder of a Non-NAS Personal Injury or NAS Personal Injury (a "PI Claimant") regarding the opioid-related death of another person (the "Decedent"), or because of the death of the Decedent before the PI Claim is paid, is required to complete this declaration if the PI Claimant has not been named as the executer/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

	10	Deceue	ni mioi ma	UU		
Name:	First Name		Middle Initial		Last Name	
Social Security Number:			Date of Deatl	h:		
Residence/Legal Domicile Address at	Street					
Time of Death	City			State		Zip Code
II. PI Claimant Information (or Representative if Claimant is a Minor or Incapacitated)						
Your Name	First Name		Middle Initial		Last Name	•
Your Social Security Number						
Your Address	Street					
	City			State	e	Zip Code
Your Relationship to Decedent						
III. Authority to Receive a Distribution						
I,	following reasons					ity to act on behalf of le documentation):
Decedent Executed a Valid Will Naming PI Claimant as the Executor/Administrator, but the Decedent's Estate has been closed OR Decedent Executed a Valid Testamentary Trust Naming PI Claimant as the Trustee, but the Trust has been closed.						
List here and attach document(s) evidencing and Testament execute naming PI Claimant a /Administrator OR a val. Trust executed by Dece Claimant as Trustee:	1. Last Will and Testament of					

III. Authority to Receive a Distribution (continued)					
		ust Na	nt was Executed by Decedent, but Not Probated Upon Death ming PI Claimant was Executed by Decedent, but Not		
List here and attach copies of all document(s) evidencing a valid Last Will and Testament executed by Decedent but was not probated upon death OR a valid Testamentary Trust executed by Decedent but not established upon death:		ast Will lent but a valid d by	1. Last Will and Testament of		
Decedent Did Not Have an Executed Will or Testamentary Trust.					
List here the intestate statute(s) of the Residence or Legal Domicile of the Decedent at Time of Death and attach a copy of the full language of the statute(s):		of the attach a	A copy of the intestate statute(s) of the state or domicile of the Deceased Claimant at the time of his or her death.		
	IV No.	tice to	Heirs and Beneficiaries of Decedent		
	17. 110		ch additional sheets if needed)		
sett	lement payment on behalf of t	he claim	and address of all persons who may have a legal right to share in any of the Decedent. Also state if and how you notified these persons of be notified. PI Claimant also should be listed if he/she is a legal heir.		
1.	Legal Name				
	Address				
	Relationship to Decedent				
Notified of Settlement?			How notified:		
	No. Why not notified:				
2.	Legal Name				
	Address				
	Relationship to Decedent				
		_Yes.	How notified:		
Notified of Settlement?		No.	Why not notified:		

	IV. Notice to Heirs and Beneficiaries of Decedent (Continued)					
3.	Legal Name					
	Address					
	Relationship to Decedent					
	Notified of Settlement?	Yes. How notified:				
	1,00111011011011011011011011011011011011	No. Why not notified:				
4.	Legal Name					
	Address					
	Relationship to Decedent					
		Yes. How notified:				
	Notified of Settlement?	No. Why not notified:				
5.	Legal Name					
	Address					
	Relationship to Decedent					
	NI ('C 1 CC (41 49	Yes. How notified:				
	Notified of Settlement?	No. Why not notified:				
6.	Legal Name					
	Address					
	Relationship to Decedent					
		Yes. How notified:				
	Notified of Settlement?	No. Why not notified:				
7.	Legal Name					
	Address					
	Relationship to Decedent					
	N1-4:6:-1 -6 C -44149	Yes. How notified:				
	Notified of Settlement?	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 Non-NAS PI TDP or 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 the Decedent executed a valid Will naming the PI Claimant as the Executor/Administrator, but the Estate has been closed, or the Decedent executed a valid Testamentary Trust naming the PI Claimant as the Trustee, but the Trust has been closed:
 - 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 Last Will and Testament provided by me is the Last Will and Testament of the Decedent, or 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.
- D. If the Decedent executed a valid Will naming PI Claimant as the Executor/Administrator, but the Will was not probated, or the Decedent executed a valid Testamentary Trust naming the PI Claimant as the Trustee, but the Trust was not established:
 - 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 Last Will and Testament provided by me is the Last Will and Testament of the Decedent, or 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. 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.
 - d. There is no known Testamentary Trust of the Decedent, and no application or proceeding has been initiated to appoint a trustee.
 - e. I will notify the PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.

V. PI Claimant Certification – Sworn Declaration (Continued)

- 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 Non-NAS PI TDP or NAS PI TDP to resolve all claims related to the Decedent's prescription and/or use of Endo opioids. 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.
- 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. I 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 Statue.
- 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 the Chapter 11 Cases pursuant to the NAS PI TDP and/or the Non-NAS PI TPD 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:	