

Claimant full name (required): Claimant date of birth (required) (DD/MM/YYYY): / /

→ **Appendix C | Deceased Claimant – Estate Representative (With or Without a Grant of Authority)**

You must complete **Appendix C** if the Claimant passed away on or after January 25, 2016. Please refer to the **[Estates Protocol](#)** for further details related to the processing of Estate Claims.

An Estate Representative with a Grant of Authority (for example, a valid Will or court order) may submit a Claim Form. If there is no Grant of Authority, an Heir to a Claimant can submit a Claim Form.

Note:

- If you are the Estate Representative (with or without a Grant of Authority), enter your contact details below.
- If you are a newly appointed Estate Representative (with or without a Grant of Authority) of a Claimant who has passed away and has already submitted a Claim Form, please contact the Claims Administrator at **1-888-592-9101** or visit the FAQs online at **www.ihsettlement.ca/faq**.
- **Important:** If you need to change your contact information (for example: your mailing address, email, or phone number), please contact the Claims Administrator at **1-888-592-9101**.

Your name (required)

Your name must match your government-issued identification (ID).

First name:

Middle name (if applicable):

Last name:

Identification (required)

Please attach a copy of your Federal or Provincial government-issued ID to your application.

Examples of accepted ID:

- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Métis Citizenship Card
- Passport
- Driver's License
- Provincial/Territorial Photocards

Your employer/organization (if applicable)



Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.

Please write the Claimant's first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

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Your mailing address (required)

Street number Street name

Unit P.O. Box (if applicable)

City / Town / Community Postal Code

Province / Territory Country

C/O Name (if applicable)

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

Your email address (if available):

Your telephone number (recommended): - - Ext.

Please select the phone number you provided: Home Mobile Work Other:

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Supporting documentation (required)

Please select the category that applies to you and provide copies of the required document(s) with your Claim Form and Claimant’s Death Certificate as proof of your authority to act as Estate Representative.

Check the category that applies	Required document(s)
<input type="checkbox"/> <p>Grant of Authority (All Provinces and Territories except for Québec)</p>	<p>Will – You are named as Estate Representative in a valid Will pursuant to applicable federal, provincial, or territorial legislation.</p> <ul style="list-style-type: none"> - Death Certificate; AND - Will signed by the deceased and at least two witnesses; OR - Holographic Will, drafted and signed <u>only</u> by the testator (not valid in British Columbia or Prince Edward Island).
OR	<p>Other Grant of Authority – You have been officially appointed as Estate Executor or Administrator by a court or government authority.</p> <ul style="list-style-type: none"> - Death Certificate; AND - Grant of Probate; OR - Appointment of Trustee; OR - Other official Grant of Authority document (e.g. Letters of Administration from INAC, ISC or CIRNAC).
<input type="checkbox"/> <p>Grant of Authority (Québec)</p>	<p>Will – You are named as Liquidator in a valid Will.</p> <ul style="list-style-type: none"> - Death Certificate; AND - Notarial Will; OR - Holographic or witnessed Will accompanied by the homologation (probate) judgment.
OR	<p>Appointment of Liquidator – You are designated as the Liquidator by the Heirs to administer the Estate.</p> <ul style="list-style-type: none"> - Death Certificate; AND - Appointment of Liquidator; AND - Certificate of Will Search from both the Chambre des Notaires and the Barreau du Québec; AND - Revenu Québec forms LM-14-V or LM-14.1-V; AND - Revenu Québec form MR-14.A-V.
<input type="checkbox"/> <p>Heir (Only if NONE of the above exist, i.e., no Grant of Authority, an Heir may submit a Claim Form)</p>	<p>Heir – The deceased did not have a valid Will, and no Grant of Authority by a court or government exists. You are an Heir (for example, spouse, common-law partner, child, grandchild, parent, sibling, or grandparent).</p> <ul style="list-style-type: none"> - Death Certificate; AND - Document(s) showing proof of your relationship to the deceased (e.g., Long Form Birth Certificate, Marriage Certificate) - Note: For “Indians” as defined under the Indian Act, who lived on reserve, the Indian Act applies in all provinces and territories including Québec upon intestacy.

Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.

Please write the Claimant’s first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

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Heir Claim Only

Important: Only fill out the rest of this Appendix (C) if you are applying as the highest priority Heir. Only fill out the remainder of this section if the Claimant passed away and an Administrator/Executor/Trustee/Liquidator was not appointed for their Estate. The priority of Heirs is determined by identifying the living Heir with the highest priority based on the list in Step 2 on the next page.

➤ **Step 1 – Place an “X” in this box if the statement is true (required)**

To the best of your knowledge, there is no Grant of Authority in place (such as a Will or Letter of Administration from Indigenous Services Canada). The deceased did not leave a Will, and no Executor, Administrator, Liquidator, or Trustee has been appointed by the court or the Government of Canada or a provincial/territorial government or legislation. All reasonable efforts have been made to locate a Will or other Grant of Authority.

➤ **Step 2a – Identify your relationship to the deceased Claimant (required)**

The priority of Heirs is determined by identifying the living Heir with the highest priority based on the list below.

Select only one category of relation

- 1. **Surviving spouse** (legally married or common-law) at the time of Claimant’s death
- 2. **Child** (or child’s legal guardian)
- 3. **Grandchild** (or grandchild’s legal guardian)
- 4. **Parent**
- 5. **Sibling** (brother/sister)
- 6. **Child of sibling** (niece/nephew)
- 7. **Other**

➤ **Step 2b – Place an “X” in this box if the statement is true (required)**

I declare that to the best of my knowledge and belief there are no living family members who are a higher priority Heir Claimant than me.

➤ **Step 2c – Written consent from other higher priority Heir(s) (if applicable)**

Documentation (if applicable)
 Please attach a copy of any written consents from the non-applying higher priority Heir(s).

If there are living family member(s) who are higher priority Heir(s), please provide written consent(s) of the non-applying higher-priority Heir(s).

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 Please write the Claimant’s first and last name and date of birth (as entered in Part 1A of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

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Heir Claim Only

➤ **Step 3 – Please provide proof of your relationship to the deceased Claimant if available. If proof is not available, provide an Attestation / Sworn Declaration (required)**

Documentation (if available)

Please attach a copy of any document that might help confirm your relationship to the deceased. Please do not submit documents such as family photographs, letters or unofficial records.

Examples of documentation:

- **Marriage** – Record of Solemnization / Marriage Certificate
- **Parent-child relationship** – Birth Certificate of the child
- **Parent and legally adopted child** – Adoption Order
- **Other (describe):**

- **Attestation / Sworn Declaration**

• **Important:** Heir Claims will only be processed at the end of the Claims Period and the Claims Administrator will contact you to obtain more information later. The Claims Administrator can disclose identities of competing Heirs to each other where applicable.



Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.

Please write the Claimant’s first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

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Heir Claim Only

Sworn Declaration

You must complete the following Sworn Declaration only if you are an Heir and you do not have the supporting documentation to prove your relationship to the deceased (i.e. Marriage Certificate, Birth Certificate, etc.).

A Sworn Declaration is a statement signed by the Claimant and any one of the following Guarantors, with Titles:

- Notary Public or Commissioner of Oaths including Northern Villages' Secretary Treasurer
- Elected Official or Community leader (e.g. Chief, Councilor, Inuit Community Leader)
- Other Professional (e.g. Lawyer, Doctor/Physician, Accountant (CPA), Police Officer)

Sworn Declaration by Heir:

I declare that the information I have provided regarding the relationship to the deceased is true to the best of my knowledge.

Heir first name (printed) Heir last name (printed)

/ /
 Signature of Heir (required) Day (DD) Month (MM) Year (YYYY)

Above declaration must be witnessed by a Guarantor (virtually or in person) in accordance with the applicable provincial/territorial requirements. The Guarantor only needs to see the Claimant sign this page. As Guarantor, you are not required to read or verify the accuracy of the events described in this Claim Form. **Guarantor must complete all fields below.**

Guarantor first name Guarantor last name

Guarantor title Guarantor position Guarantor employer/organization

Street number Street name Unit

City / Town / Community Postal Code

Province / Territory Country

- -
 Telephone number Email address (if available)

/ /
 Signature of Guarantor (required) Day (DD) Month (MM) Year (YYYY)