

**SD2 - HEIRSHIP DECLARATION FOR
MALLINCKRODT OPIOID NAS PI TRUST DISTRIBUTION PROCEDURES**

SD-2	SWORN DECLARATION: DECEDENT DID NOT LEAVE A LAST WILL AND TESTAMENT
<p>You are required to complete this declaration if you hold a NAS PI Claim¹ (and thus are a “NAS PI Claimant”) regarding the opioid-related death of another person (the “Decedent”), and you have not been appointed with the authority to act on behalf of the Decedent because the Decedent Claimant died without a Will and no probate or estate proceeding has been opened.</p>	

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. NAS 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			
Basis of Your Authority to Act for the Decedent			
List here and attach copies of all document(s) evidencing the basis for your authority	<ol style="list-style-type: none"> 1. A copy of the intestate statute of the state or domicile of the Deceased Claimant at the time of his or her death. 2. 		

¹ Capitalized terms used but not defined herein shall have the meanings ascribed to them in the Plan.

**III. 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?	<input type="checkbox"/> Yes. How notified: <input type="checkbox"/> No. Why not notified:
2.		Address	
		Relationship to Decedent	
		Notified of Settlement?	<input type="checkbox"/> Yes. How notified: <input type="checkbox"/> No. Why not notified:
3.		Address	
		Relationship to Decedent	
		Notified of Settlement?	<input type="checkbox"/> Yes. How notified: <input type="checkbox"/> No. Why not notified:
4.		Address	
		Relationship to Decedent	
		Notified of Settlement?	<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:

IV. NAS PI CLAIMANT CERTIFICATION

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 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) 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.

(d) 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.

(e) I will notify the PI Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.

(f) 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.

(g) No person notified under Section III 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 Mallinckrodt opioids. The persons named in Section III 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.

(h) 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.

(i) I will indemnify and hold harmless the PI Trust and its agents and representatives, from any and all claims, demands, or expenses of any kind arising out distributions from the PI trust on account of injuries of the Decedent.

The information I have provided in this Declaration is true and correct. I understand that the PI Trust and Court 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.

V. NAS PI Claimant Signature

Signature:		Date:	
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