

**AFFIDAVIT OF HEIRSHIP AND INDEMNITY AGREEMENT**

Concerning \_\_\_\_\_  
(Name of Deceased Claimant)

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

I, \_\_\_\_\_, of lawful age, residing at \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_, being first duly sworn, upon  
(City) (State) (Zip Code)  
oath depose and say:

I was personally well acquainted with the above named Deceased Claimant, during her lifetime, having known her for \_\_\_\_\_ years, and I bear the following relationship to the Deceased Claimant: \_\_\_\_\_. The Deceased Claimant's social security number was \_\_\_\_\_.

Said Deceased Claimant departed this life in the City of \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_ on or about \_\_\_\_\_, (19/20) \_\_\_\_\_, being \_\_\_\_\_ years old at the date of her death, with a date of birth of \_\_\_\_\_.

I further state that I was well acquainted with the family and close relatives of the Deceased Claimant, and that the following statements and the answers to the following questions are based upon my personal knowledge and are true and correct:

1. Did the Deceased Claimant leave a will? Yes \_\_\_ / No \_\_\_
2. Has an administrator/executor been appointed for the Probate Estate of said Deceased Claimant? Yes \_\_\_ / No \_\_\_
3. Give name and address of surviving widow or widower of Deceased Claimant:

\_\_\_\_\_  
\_\_\_\_\_, If not living, give date of death:  
\_\_\_\_\_.

4. If the Deceased Claimant was married more than once, give name of former husband and state whether said former spouse is dead or divorced:

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5. On the blank lines below, provide information requested for all children of Deceased Claimant.

Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Child of Deceased Claimant By Which Spouse

6. If a deceased child left descendants, give the following information:

A. NAME OF DECEASED CHILD: \_\_\_\_\_

DID HE/SHE LEAVE A WILL? Yes \_\_\_ / No \_\_\_

Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Child of Deceased Claimant By Which Spouse

B. NAME OF DECEASED CHILD: \_\_\_\_\_

DID HE/SHE LEAVE A WILL? Yes \_\_\_ / No \_\_\_

Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Child of Deceased Claimant By Which Spouse

7. Did the Deceased Claimant have any legally adopted children or step-children taken into her home? Yes \_\_\_ / No \_\_\_

If so, write their names, ages and addresses in blank lines below and indicate as to each whether adopted or step-child:

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Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Adopted or Step-Child
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8. Are there any unpaid debts or other unpaid claims against the Deceased Claimant?  
Yes \_\_\_/No \_\_\_

9. Limited Indemnity Agreement.

The undersigned hereby agrees to indemnify the Silicone Gel Breast Implant Products Liability Litigation (MDL 926), the MDL 926 Settlement Fund, the INAMED Settlement Fund, together with its Claims Administrator and Escrow Agent, the Deceased Claimant's attorneys and the Settling Defendants and their counsel, and Class Counsel, and the MDL 926 Plaintiffs' Liaison Counsel Office with respect to all claims, liabilities, fees and expenses which they may incur or be subject to as a result of remitting the Deceased Claimant's payments due from the Silicone Gel Breast Implant Products Liability Litigation (MDL 926) directly to the Deceased Claimant's heirs instead of to a Probate Estate established for the Deceased Claimant.

Notwithstanding the foregoing, the undersigned's indemnity obligation herein is limited to the amount that the Deceased Claimant is entitled to from the Silicone Gel Breast Implant Products Liability Litigation (MDL 926) and that the Silicone Gel Breast Implant Products Liability Litigation (MDL 926) remits to the Deceased Claimant's heir(s) as a result of the completion of this affidavit of heirship and limited indemnity agreement.

IF DECEDENT LEFT SURVIVING CHILDREN, THEN QUESTIONS 10 AND 11 NEED NOT BE ANSWERED

10. Give below the names and addresses (together with other information called for) of the surviving father, mother, brothers and sisters of the Deceased Claimant:

Name of Survivor	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Relationship to Deceased Claimant


11. Give below the names and addresses (together with other information called for) of the surviving children of any deceased brother or sister of the Deceased Claimant:

Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Name of Deceased Brother or Sister


**IF TABLES ON THIS FORM ARE TOO SMALL, PUT ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH.**

\_\_\_\_\_  
 Name of Person Signing this Affidavit  
 and Limited Indemnity Agreement

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public  
 For the State of \_\_\_\_\_  
 County of \_\_\_\_\_

My commission expires: \_\_\_\_\_

[NOTARY SEAL]