

**APPENDIX 2**  
**CLAIM FORM**

**Class Action CHSLD Herron**

This form, as well as all supporting documents, must be filled out and submitted to Collectiva (the Claims Administrator) no later than \_\_\_\_\_**2021, by way of email, fax or standard mail (attesting the date on which it was sent) to the following coordinates:**

**Collectiva**

Standard mail: 2170 blvd. René-Lévesque West  
Unit 200  
Montreal (Quebec) H3H 2T8

or

Fax: 514-287-1617

or

Email: [chsldherron@collectiva.ca](mailto:chsldherron@collectiva.ca)

**FAILURE TO SUBMIT THIS FORM BY THE PRESCRIBED DEADLINE  
ABOVE WILL RESULT IN YOUR CLAIM BEING AUTOMATICALLY  
REJECTED.**

Please specify under which Category you are submitting a claim:

- Category 1:** I am the liquidator of the Estate of a Resident of the CHSLD Herron who passed away between March 13, 2020 and May 31, 2020.
- Category 2:** I am the Surviving Spouse of a Resident of the CHSLD Herron who passed away between March 13, 2020 and May 31, 2020.
- Category 3:** I am the Surviving Child of a Resident of the CHSLD Herron who passed away between March 13, 2020 and May 31, 2020.
- Category 4:** I resided at the CHSLD Herron between March 13, 2020 and May 31, 2020, or I am the legal representative of such a Resident.

**Note** : If you happen to be the liquidator of the Estate of a Deceased Resident, as well as the Surviving Spouse or a Surviving Child, you must submit one distinct Claim Form for each Category of compensation.

**Section A: Information about the claimant**

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

Gender:

Male

Female

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Phone number (daytime)

\_\_\_\_\_  
Mobile phone number

\_\_\_\_\_  
E-mail address

Should your claim be approved, a cheque will be mailed at the address mentioned above.  
If you wish to receive payment at another address, please write it down below:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal code

\_\_\_\_\_

## Section B: Information and documents in support of the claim

Only fill out the Category for which you are filing a claim.

### **CATEGORY 1: ESTATE OF A DECEASED RESIDENT**

Did the deceased individual reside at the CHSLD Herron between March 13, 2020 and May 31, 2020?  Yes  No

What is the name of the deceased Resident? \_\_\_\_\_

What is the date of the Resident's death? \_\_\_\_\_

Are you the appointed liquidator of the Estate?  Yes  No

Please confirm (by checking the relevant boxes) that you have appended to your claim the following documents:

- A copy of the Resident's death certificate;
- A copy of the occupancy agreement of the Resident with the CHSLD Herron;
- A copy of the search conducted with the Register of Wills and Mandates of the Barreau du Québec;
- A copy of the search conducted with the Register of Testamentary Dispositions of the Chambre des Notaires du Québec;
- Evidence confirming that you are the liquidator of the Estate, namely:
  - i. In the case of a notarized will: a copy of the will appointing you as liquidator;
  - ii. In the case of a holographic will or a will made before witnesses: a copy of the will, the court order according to which the will was verified, and your registration as liquidator with the Register of Personal and Movable Real Rights;
  - iii. In the case of an estate managed *ab intestat* (i.e. without a will): the registration of the liquidator's appointment with the Register of Personal and Movable Real Rights, as well as the declaration of transmission due to death;
- A copy of a document which proves your identity (such as your driver's license, your health insurance card, or your passport).

*Only fill out the Category for which you are filing a claim.*

**CATEGORY 2: SURVIVING SPOUSE OF A DECEASED RESIDENT**

Did the deceased individual reside at the CHSLD Herron between March 13, 2020 and May 31, 2020?  Yes  No

What is the name of the deceased Resident? \_\_\_\_\_

What is the date of the Resident's passing? \_\_\_\_\_

Were you the Resident's spouse, civil union partner, or common law partner at the time of the Resident's passing?  Yes  No

Please confirm (by checking the relevant boxes) that you have appended to your claim one or more of the following documents:

- A copy of the Resident's death certificate;
- A copy of a document proving your identity (such as your driver's license, your health insurance card, or your passport);
- A copy of the marriage certificate, civil union certificate, or any other document evidencing your status as the Resident's spouse;
- In the event where you were the Resident's common law partner, documentary evidence that the both of you had been living as a couple for at least three (3) years prior to their passing.

*Only fill out the Category for which you are filing a claim.*

**CATEGORY 3: SURVIVING CHILD OF A DECEASED RESIDENT**

Did the deceased individual reside at the CHSLD Herron between March 13, 2020 and May 31, 2020?       Yes     No

What is the name of the deceased Resident? \_\_\_\_\_

What is the date did of the Resident's passing? \_\_\_\_\_

Are you either the son or the daughter of the deceased Resident?     Yes     No

Please confirm (by checking the relevant boxes) that you have appended to your claim the following documents:

- A copy of the Resident's death certificate;
- A copy of a document which proves your identity (such as your driver's license, your health insurance card, or your passport);
- A copy of your birth or adoption certificate, which mentions the names of your mother and father.

*Only fill out the Category for which you are filing a claim.*

**CATEGORY 4: SURVIVING RESIDENT**

Did the individual reside at the CHSLD Herron at any time between March 13, 2020 and May 31, 2020?       Yes       No

What is the Resident's name? \_\_\_\_\_

Is the Resident subject to protective supervision?       Yes       No

If so, what is the name of the legal representative in charge of the protective supervision?

\_\_\_\_\_

Please confirm (by checking the relevant boxes) that you have appended to your claim the following documents:

- A copy of the occupancy agreement of the Resident with the CHSLD Herron;
- If the surviving Resident is subject to protective supervision: a copy of the notarized mandate given in case of incapacity or of the court order appointing his/her legal representative;
- If the surviving Resident is subject to protective supervision: a copy of a document proving the identity of the surviving Resident's legal representative (such as driver's license, your health insurance card, or your passport).
- If the Resident passed away **after** the period covered by the Class action (which ends on May 31, 2020), the liquidator of the Estate may claim compensation under Category 4 by also providing the documents listed below:
  - A copy of the Resident's death certificate;
  - A copy of the search conducted with the Register of Wills and Mandates of the Barreau du Québec;
  - A copy of the search conducted with the Register of Testamentary Dispositions of the Chambre des Notaires du Québec;
  - Evidence confirming that you are the liquidator of the Estate, namely:

i. In the case of a notarized will: a copy of the will appointing the liquidator;

ii. In the case of a holographic will or of a will made before witnesses: a copy of the will, the court order according to which the will was verified, and registration of the liquidator with the Register of Personal and Movable Real Rights;

iii. In the case of an estate managed *ab intestat* (i.e. without a will): the registration of the liquidator's appointment with the Register of Personal and Movable Real Rights, as well as the declaration of transmission due to death;

A copy of a document which proves your identity as the estate liquidator (such as your driver's license, your health insurance card, or your passport).

**Section C: Declaration**

I solemnly declare the following:

I wish to file a claim to receive compensation in the context of the Class action involving the CHSLD Herron.

I have appended to this form all the documents to confirm the facts reported in Section B.

I make the present statement believing it to be true and knowing that it the same legal value as if I had given it under oath.

\_\_\_\_\_  
Signature of the claimant or legal representative

\_\_\_\_\_  
Date

**We strongly recommend that you keep on file a complete copy of this Claim Form.**