

# DECLARATION OF TRANSMISSION

(For use in the Province of Quebec only)



I/WE THE UNDERSIGNED,

Full name(s) and address(es) of the Liquidator(s) or Trustee(s)

In my/our capacity as (all of) the liquidator(s) / trustee(s) of the succession of the late \_\_\_\_\_  
(hereinafter called the "deceased"); Full name of the deceased

## DO SOLEMNLY DECLARE THAT:

The deceased, \_\_\_\_\_, died on the \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year  
Social insurance number \*  
at \_\_\_\_\_ and \_\_\_\_\_  
Place

was domiciled at \_\_\_\_\_  
Address

## Death Certificate enclosed

The deceased: ☐ Was never married  
☐ Was married to \_\_\_\_\_ Date of marriage \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Province / Country where marriage was celebrated \_\_\_\_\_

Is there a Marriage contract? ☐ Yes ☐ No (If yes, a notarial or certified copy is required)

Matrimonial Regime: ☐ Separate as to Property ☐ Community of Property ☐ Partnership of Acquests

☐ Was a Widower/Widow ☐ Was Divorced, Date of Divorce \_\_\_\_\_

## The deceased left:

☐ A last will and testament, in notarial form, executed before MTRE \_\_\_\_\_, Notary,  
under his/her minute number \_\_\_\_\_, on the \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

☐ A last will and testament, not in notarial form, made in the presence of witnesses or holograph form  
dated \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year probate of which was granted by  
the Superior Court of \_\_\_\_\_ District \_\_\_\_\_ on the \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year under number \_\_\_\_\_,  
which last will and testament was not revoked or modified, except as hereinafter stated:

Provide information regarding any codicil(s), including date, probate details or notary/minute number, as the case may be

☐ No will, leaving the following successor(s), being the only potential heir(s) to the knowledge of the undersigned  
according to the law regarding legal devolution of successions (intestacies):  
\_\_\_\_\_

see next page

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Recorded in the name of \_\_\_\_\_  
Name as set on the face of the securities

on the books of \_\_\_\_\_  
Corporation, Municipality, Government (the "Issuer")

## Are the following securities:

Amount of shares or principal amount of the securities	Description of securities (includes class of shares and par value, if any, rate and maturity of bonds, debentures or other securities)	Certificate or Serial number(s)

That the deceased and the person recorded on the books of the Issuer and named in the aforementioned securities are one and the same. That by virtue of the foregoing and in accordance with the supporting documents (will, death certificate, etc.) the above assets are to be transferred to:

Full name(s) and address(es) of the Transferee(s)

I have signed this \_\_\_\_\_ day of \_\_\_\_\_  
month year

DECLARANT

I have signed this \_\_\_\_\_ day of \_\_\_\_\_  
month year

DECLARANT

## SWORN BEFORE ME

at \_\_\_\_\_

Province of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_  
month year

Commissioner for Oaths

District

## SWORN BEFORE ME

at \_\_\_\_\_

Province of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_  
month year

Commissioner for Oaths

District

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(08/2004)