

APPENDIX A

DECLARATION OF EXECUTOR/ADMINISTRATOR/NEXT OF KIN

DATE:

EXECUTOR/ADMINISTRATOR/NEXT OF KIN OF (NAME OF TENANT)
ADDRESS
CITY AND POSTAL CODE
PHONE NUMBER

I confirm that I am the _____
(EXECUTOR/ADMINISTRATOR/FAMILY MEMBER NAME) of
_____(DECEASED NAME AND ADDRESS).

I am acting on behalf of the estate and accept all responsibility to remove the member's property and restore the unit to its original condition no later than _____(SPECIFY DATE 30 DAYS FROM DATE OF DEATH).

On behalf of the estate and for myself personally, I release and hold **Coopérative d'habitation Beauparlant Inc.** harmless from any and all claims that may occur as a result of being provided access to the unit and removing its contents.

Attached to this declaration are a copy of documents showing my authority to act as executor/administrator or proving that I am a family member of the deceased and a copy of my identification/affidavit indicating my identity.

Signed _____

Witnessed by _____

Date _____