DEEPWATER HORIZON
CLAIMS CENTER
ECONOMIC & PROPERTY DAMAGE CLAIMS

Deceased Claimant Representative Certification

A representative may complete and submit this Certification to establish his or her authority to sign a Registration Form and Claim Form(s) on behalf of a deceased claimant, the estate of the deceased claimant and the heirs of the estate. This Certification may not be sufficient to prove a representative's authority to sign a Release on behalf of the estate and heirs. Depending upon the applicable state law, if the claimant's claim is eligible for payment, a representative may be required to get a court to approve the Award Amount and its distribution and submit a copy of an official court document proving that the person signing the Final Release, Settlement, and Covenant Not to Sue has the authority to settle the claim on behalf of the estate and all heirs, even if the Claims Administrator has accepted this Certification as sufficient to allow a claim to move through the claim review process.

A. Deceased Claimant Information

Name:	Last Name	First Name	Middle Initial
Deepwater Horizon Settlement Program Claimant Number:	_____		
Social Security Number *or* Individual Taxpayer Identification Number:	SSN or ITIN ___-___-____	**Date of Death:**	____/____/____
Address:	Street		
	City	State	Zip Code

B. Representative Information

Name:	Last Name	First Name	Middle Initial
Social Security Number *or* Individual Taxpayer Identification Number:	SSN or ITIN ___-___-____		
Address:	Street		
	City	State	Zip Code
Relationship to Claimant:	☐ Administrator/Executor of claimant's estate ☐ Other (specify):		

C. Certification

By signing this Certification, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that: (a) I am authorized to act on behalf of the deceased claimant listed in Section A and the estate and all heirs of such claimant, including the authority to sign any forms or other documents required in connection with the submission and review of any claim under the Deepwater Horizon Economic & Property Damages Settlement Agreement; and (b) I shall notify the Claims Administrator promptly if my authority to act is curtailed, surrendered, withdrawn or terminated prior to payment and release of this claim. I understand that: (a) the Claims Administrator will rely on this Certification; (b) false statements or claims made in connection with this Certification may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government; and (c) suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

D. Signature

Representative Signature:		**Date:**	____/____/____ (Month/Day/Year)
Name:	Last Name	First Name	Middle Initial
Title/Type of Representative:			