

V2031**REPRESENTATIVE CLAIMANT OF VIOXX USER****A. VIOXX USER CLAIMANT**
(All Claimants complete this Section)

Name	First	MI	Last
SSN			VCN
Date of Birth	__ / __ / ____ (month) (day) (year)	Date of Death	__ / __ / ____ (month) (day) (year)
			Was death caused by Vioxx use? <input type="checkbox"/> Yes <input type="checkbox"/> No
State/Territory/Country of Domicile of Vioxx User Claimant at Time of Death			
Spouse of the Vioxx User Claimant	Was the Vioxx User Claimant survived by a spouse at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following information on the surviving spouse:		
	Name	First	MI Last
	SSN	Is the Spouse now deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. TESTATE VIOXX USER CLAIMANT
(Testate Claimants complete this Section)

The Vioxx User Claimant had a valid Will at the time of death. **NOTE:** If the Claimant had no valid Will, complete Section C of this Form.

A copy of the Will is submitted with this Form. **NOTE:** Fill out the remainder of Section B of this Form. If the person named in the Will as the Personal Representative, Administrator, or Executor is not serving, then provide this information on the person serving.

Name of Personal Representative, Administrator, or Executor	First Name	MI	Last Name
Address	Street/P.O. Box		
	City	State	Zip
Relationship to Vioxx User Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other ____ (specify)		
Status of the Will	<input type="checkbox"/> This Will was submitted for probate proceedings. NOTE: If a Personal Representative, Administrator, or Executor has been appointed, submit a copy of such appointment document along with this Form.		
	<input type="checkbox"/> This Will has not been submitted for probate proceedings.		

C. INTESTATE VIOXX USER CLAIMANT

(Intestate Claimants complete this Section)

The Vioxx User Claimant had no valid Will at the time of death.

Personal Representative

- A Personal Representative has been appointed for the estate of the Vioxx User Claimant. **NOTE:** If a Personal Representative has been appointed, submit a copy of such appointment document along with this Form.
- Estate proceedings have been filed but no Personal Representative has been appointed for the estate of the Vioxx User Claimant.
- No Personal Representative has been appointed for the estate of the Vioxx User Claimant and no estate proceedings have been filed.

Intestate Succession

Identify the state, territory or country whose laws of Intestate Succession apply to the Estate of the Vioxx User Claimant:

If there was no surviving spouse at the time of the Vioxx User Claimant's death, or if under applicable law the surviving spouse is not the first to succeed to the estate, identify the person(s) who are the next to succeed. (Attach additional sheets if necessary):

Name	First	MI	Last
SSN		Date of Birth	___ / ___ / ___ (month) (day) (year)
Relationship to Vioxx User Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other _____ (specify)		

D. CERTIFICATION

(All Claimants complete this Section)

I am counsel for the Vioxx User Claimant. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

The Vioxx User Claimant is not represented by counsel. I am authorized to complete this form on behalf of the Vioxx User Claimant and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature		Date	___ / ___ / ___ (month) (day) (year)	
Name	First	MI	Last	
Address	Street/P.O. Box			
	City		State	Zip