

# Declaration by the Liquidator of the Succession

## SECTION 1

### Deceased person *Enclose a document that attests the person's death.*

Name	Date of birth (Y-M-D)	Deceased on (Y-M-D)

## SECTION 2

### Liquidator

*The liquidator is the person designated in the will. If the will does not designate a liquidator or if the deceased person did not have a will, the liquidator is the person acting as representative of the heirs.*

Name	Driver's licence number	Date of birth (Y-M-D)
Address		Telephone

## SECTION 3

### Declaration by the liquidator *Fill out part A or B, depending on your situation.*

#### A) Liquidator designated by the will

I declare that:

- ☐ I am the sole liquidator of the succession.
- ☐ I am one of the liquidators of the succession and I am acting in concert with them or have been exempted therefrom (article 787 of the *Civil Code of Québec*).

I also declare that the appropriate searches have been conducted and that the will under the authority of which I am acting is the last will of the deceased person and the only will that is valid.

In my capacity as liquidator of the succession, I request that the deceased person's file be modified to reflect the changes indicated on this form.

\_\_\_\_\_  
Signature Date

#### B) Representative of the heirs (WITH or WITHOUT a will)

I declare that I represent all of the heirs and am acting with their consent. I also declare that I have conducted the appropriate searches and that:

- ☐ The will under the authority of which I am acting is the last will of the deceased person and the only will that is valid, and that no liquidator was designated in the will.

- ☐ The deceased person left no will.

In my capacity as representative of the heirs, I request that the deceased person's file be modified to reflect the changes indicated on this form.

\_\_\_\_\_  
Signature Date

## SECTION 4

### Change of address in the deceased person's file

*I request that the current address be replaced by the address indicated in Section 2 ☐ or by the following address:*

Complete address

## SECTION 5

### Vehicles *Enclose the registration certificate of each vehicle, if possible.*

*I request:*

- A) ☐ the creation of a subdivision in the succession's name (no transfer) for the vehicle(s) listed below with the address indicated in Section 2 ☐ or Section 4 ☐.

OR

- B) ☐ the transfer of ownership of the vehicle(s) listed below in the name of the new owner mentioned in Section 6, in accordance with the inheritance rules in effect in Québec.

Vehicle 1	Vehicle identification number (VIN)	Licence plate number	Model year	Odometer reading
Vehicle 2	Vehicle identification number (VIN)	Licence plate number	Model year	Odometer reading
C) <input type="checkbox"/> Other, specify:				

## SECTION 6

### New owner

Name of the new owner	Address
New owner:	<input type="checkbox"/> heir or legatee <input type="checkbox"/> purchaser ► sale price: _____ \$ <input type="checkbox"/> other ► specify: _____

For use by the SAAQ	Date	Numéro du point de service	Numéro de la ou des plaques délivrées ou NI de l'acquéreur si aucune plaque n'est délivrée.

#### Protection of Personal Information

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