

**AFFIDAVIT OF DISTRIBUTEES OF A DECEDENT'S ESTATE CLAIM IN THE DOW CORNING  
SETTLEMENT PROGRAM**

Decedent Name: \_\_\_\_\_

Decedent SID: \_\_\_\_\_

Distributee Name: \_\_\_\_\_

Distributee  
Address:

\_\_\_\_\_

I, \_\_\_\_\_ (*Distributee name*), am the rightful heir and/or distributee of any potential SF-DCT payments. All laws of \_\_\_\_\_ (*Decedent's region and country*) have been met.

**YOU MUST PROVIDE THE DECEDENT'S DEATH CERTIFICATE.  
THIS AFFIDAVIT MUST BE NOTARIZED.**