

DECEASED PERSON

Name	Date of birth (Y-M-D)	Deceased on (Y-M-D)
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LIQUIDATOR OF THE ESTATE (WITH A WILL) / REPRESENTATIVE OF HEIRS (WITHOUT A WILL)

Name	Date of birth (Y-M-D)
Address	Telephone number

Note : If the deceased person has a will, complete Part A, otherwise complete Part B

A — Where the deceased has a will (liquidator of the estate)

I, the undersigned, declare that:

I am the sole liquidator of the estate

I am one of the liquidators of the estate and I am acting in concert with them or have been exempted therefrom (sec. 787 of the Civil Code of Québec).

I also declare that the necessary 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 estate, I hereby notify the Société de l'assurance automobile du Québec (SAAQ) that each vehicle listed below, which belonged to the deceased person, is now the property of the person indicated in the "Owner" section and I request that the SAAQ carry out the necessary vehicle registration transactions.

Signature Date

B — Where the deceased does not have a will (representative of the heirs)

I the undersigned declare that I represent all of the heirs and that I am acting with their consent.

I declare that I have conducted the necessary searches and that the deceased person did not leave a will.

In my capacity as representative of the heirs, I hereby notify the Société de l'assurance automobile du Québec (SAAQ) that each vehicle listed below, which belonged to the deceased person, is now the property of the person indicated in the "Owner" section and I request that the SAAQ carry out the necessary vehicle registration transactions.

Signature Date

VEHICLE(S)

► Please attach a document certifying death and the registration certificate for each vehicle ◀

Vehicle 1	Make	Model	Year
	Vehicle identification number (VIN)	Licence plate number	Mileage
Vehicle 2	Make	Model	Year
	Vehicle identification number (VIN)	Licence plate number	Mileage
Vehicle 3	Make	Model	Year
	Vehicle identification number (VIN)	Licence plate number	Mileage

OWNER

Name of new owner	Address
New owner as: <input type="checkbox"/> heir <input type="checkbox"/> purchaser ► selling price: _____ <input type="checkbox"/> other ► specify: _____	

For use by the Société	Date	N° point de service	N° de plaque(s) remise(s) ou NI de l'acquéreur
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Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records. For more information, contact the Société's call centres or consult the Policy on Privacy on the Société Web site at: www.saaq.gouv.qc.ca.