

<b>CER-1</b>	<b>Legal Representative Certification</b>
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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: (1) a deceased claimant, the estate of a deceased claimant, and the heirs of the estate; (2) a claimant who is a minor under the law of the state where the claimant lives; or (3) a claimant who is incompetent to act for himself or herself under the law of the state where the claimant lives. This Certification may not be sufficient to prove a representative's authority to sign a Release on a claimant's behalf, or on behalf of the estate and heirs of a deceased claimant. 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 the claimant's behalf, or on behalf of the estate and all heirs, even if the Administrator has accepted this Certification as sufficient to allow a claim to move through the claim review process.

<b>Reason for Representation:</b>	<input type="checkbox"/> Representation on behalf of a deceased claimant, the estate of a deceased claimant, and the heirs of the estate. <input type="checkbox"/> Representation on behalf of a claimant who is a minor under the law of the state where the claimant lives. <input type="checkbox"/> Representation on behalf of a claimant who is incompetent to act for himself or herself under the law of the state where the claimant lives.
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<b>A. CLAIMANT INFORMATION</b>
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<b>Name:</b>	Last Name	First Name	Middle Initial																																																		
<b>Halliburton/Transocean Punitive Damages &amp; Assigned Claims Settlements Claimant Number:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> <td style="width: 10%; height: 15px;"> </td> </tr> </table>																																																			
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<b>Address:</b>	Street																																																				
	City	State	Zip Code																																																		

<b>B. REPRESENTATIVE INFORMATION</b>
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<b>Name:</b>	Last Name	First Name	Middle Initial								
<b>Social Security Number or Individual Taxpayer Identification Number:</b>		SSN or ITIN									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>									
<b>Address:</b>	Street										
	City	State	Zip Code								

<b>Relationship to Claimant:</b>	<input type="checkbox"/> Administrator/Executor of claimant's estate <input type="checkbox"/> Parent, Spouse or Child <input type="checkbox"/> Court Appointed Guardian or Tutor <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other (specify):
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**C. SIGNATURE**

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 claimant listed in Section A (and, if applicable, 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 Halliburton/Transocean Punitive Damages & Assigned Claims Settlements; and (b) I shall notify the 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 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.

<b>Representative Signature:</b>		<b>Date:</b>	____/____/____ (Month/Day/Year)
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<b>Name:</b>	Last Name	First Name	Middle Initial
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<b>Title/Type of Representative:</b>	
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**D. HOW TO SUBMIT THIS FORM**

Submit the signed **Legal Representative Certification** in one of these ways:

<b>By Mail</b>	HESI/Transocean Punitive Damages & Assigned Claims Settlements PO Box 10260 Dublin, OH 43017-5760
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<b>By Overnight, Certified or Registered Mail</b>	HESI/Transocean Punitive Damages & Assigned Claims Settlements c/o Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017
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<b>By Email</b>	questions@GulfSpillPunitiveDamagesSettlement.com
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