

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

04 APR -9 AM 9: 27
DISTRICT COURT
N.D. OF ALABAMA

ANTONIA TOLBERT, et al.,)

Plaintiffs,)

vs.)

MONSANTO COMPANY; PHARMACIA)
CORPORATION)

Defendants.)

Civil Action Number
01-C-1407-S

ENTERED
VAP APR - 9 2004

GERALDINE OLIVER,)

Plaintiff,)

vs.)

MONSANTO COMPANY; PHARMACIA)
CORPORATION)

Defendants.)

Civil Action Number
02-C-0836-S

ORDER

1. On February 25, 2004, the Claims Administrator for the Tolbert Qualified Settlement Fund reported to the Court that there are hundreds of claimants who are deceased, many of whom died intestate.

2. The Claims Administrator reported that, because the average claimant to the Tolbert Qualified Settlement Fund will receive payments totaling less than \$9,000, it may not be economical for the deceased claimants' families to open a Probate Estate in order to qualify for claimant benefit

307

payments. Therefore, the Claims Administrator has suggested to the Court that an Affidavit of Heirship and Limited Indemnity Agreement in the form of the Exhibit A be considered as an alternative means to effect payment to the deceased claimants' families.

The Court, having considered the report of the Claims Administrator on this matter, and all other matters and things as it deems appropriate, hereby ORDERS, ADJUDGES AND DECREES as follows:

- (i) In addition to the traditional means of opening a Probate Estate for a deceased claimant, the form of Affidavit of Heirship and Limited Indemnity Agreement in Exhibit A is hereby approved by the Court. This form will provide an alternative method for paying a deceased claimant's benefits to his or heirs. For the form to be used, an heir with knowledge regarding the deceased claimant must complete the form and thereby: (a) verify that the deceased claimant had no debts and died intestate, and (b) agree to indemnify the Tolbert Qualified Settlement Fund for the full amount of payments disbursed by the Fund on behalf of the decedent, as well as indemnify counsel for the deceased claimant, the Defendants and their counsel to the extent of such payments made to the heirs on behalf of the deceased claimant;
- (ii) Based upon the completed Affidavit and Limited Indemnity Agreement, the Claims Administrator shall distribute the deceased claimant's payments to his heirs in accordance with the intestacy laws of the State where the deceased claimant died; and
- (iii) The Tolbert Qualified Settlement Fund, the Claims Administrator, counsel for the deceased claimant, the Defendants, and counsel for the Defendants shall incur no liability to the deceased claimant, his family or his creditors as a result of this

procedure.

Done this 8th day of April, 2004.



U. W. Clemon
Chief United States District Judge

AFFIDAVIT OF HEIRSHIP AND INDEMNITY AGREEMENT

Concerning _____
(Name of Deceased Claimant)

STATE OF _____ §

COUNTY OF _____ §

I, _____, of lawful age, residing at _____
(Street Address)
_____, being first duly sworn, upon
(City) (State) (Zip Code)
oath depose and say:

I was personally well acquainted with the above named Deceased Claimant, during his (or her) lifetime, having known him (or her) for _____ years, and I bear the following relationship to the Deceased Claimant: _____. The Deceased Claimant's social security number was : _____.

Said Deceased Claimant departed this life in the City of _____, in the County of _____, State of _____ on or about _____, 20 __, being _____ years old at the date of his (or her) death, with a date of birth of _____.

I further state that I was well acquainted with the family and close relatives of the Deceased Claimant, and that the following statements and the answers to the following questions are based upon my personal knowledge and are true and correct:

1. Did the Deceased Claimant leave a will? Yes ___/ No ___
2. Has an administrator/executor been appointed for the Probate Estate of said Deceased Claimant? Yes ___/ No ___
3. Give name and address of surviving widow or widower of Deceased Claimant:

_____. If not living, give date of death: _____.

4. If the Deceased Claimant was married more than once, give name of former husband or wife and state whether said former spouse is dead or divorced:

5. On the blank lines below, provide information requested for **all** children of Deceased Claimant.

Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Child of Deceased Claimant By Which Spouse
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6. If a deceased child left descendants, give the following information:

Name of Child	Date	Number	Address	Y/N	Death	Claimant By Which Spouse
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7. Did the Deceased Claimant have any legally adopted children or step-children taken into his (or her) home? Yes ___/ No ___

If so, write their names, ages and addresses in blank lines below and indicate as to each whether adopted or step-child:

Name of Child	Birth Date	Social Security Number	Address	Living Y/N	Date of Death	Adopted or Step-Child
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