

TRUST SUBMISSION FORM FOR MESH CLAIMS PROCESS

This trust submission form (this “**Mesh Trust Submission Form**”) must be completed by each Mesh Claimant seeking an Award from the Endo Mesh Sub-Trust (the “**Mesh Trust**”) on a Mesh Claim.¹

FAILURE TO SUBMIT THIS MESH TRUST SUBMISSION FORM AS PROVIDED IN THE MESH CLAIMS PROCESS AND THE MESH TRUST AGREEMENT MAY CAUSE THE MESH CLAIM TO BE DEEMED NON-COMPENSABLE UNDER THE MESH CLAIMS PROCESS AND THE MESH TRUST AGREEMENT.

Instructions:

Follow the instructions of each section carefully to ensure that your Mesh Trust Submission Form is submitted correctly. If any section does not pertain to your claim, leave it blank. Except as otherwise indicated, all words shall be given their ordinary, dictionary meaning. Submitting this Mesh Trust Submission Form does not guarantee that you will receive payment from the Mesh Trust. Whether you will receive payment depends on whether you provide the required submissions, as set forth in the Mesh Claims Process and whether your claim meets the eligibility requirements set forth in the Mesh Claims Process – the “**Review Process**.”

This Mesh Trust Submission Form allows you to elect for your claim to be submitted to an “**Extraordinary Review**” process which will remove your claim from the streamlined Mesh Claims review process and make your claim eligible for the Mesh Trustee, in their discretion, to award additional compensation to Mesh Claimants who present proof of injury or loss of a type or severity not otherwise captured by the standard review process. The Extraordinary Review process may take significantly more time for the Mesh Trustee to conduct than the Review Process discussed above.

Should you disagree with the ruling of the Mesh Trust with respect to the value of your Mesh Claim, you may file a lawsuit in the tort system against the Mesh Trust pursuant to Section 4.8.1 of the Mesh Claims Process. You may litigate in court only with respect to a Mesh Claim held against one or more Debtors, and may not litigate other Mesh Claims. Any final judgment you obtain in the tort system against the Mesh Trust will be subject to the Maximum Amount cap set forth in the Mesh Claims Process.

If you choose to litigate your Mesh Claim in the tort system, the Mesh Trust will be able to raise any available defenses to your claim, including any defenses based on whether your claim was timely filed under the applicable statute of limitations.

Each Mesh Claimant is responsible for satisfying any liens that health insurance companies, government entities (including Medicare and Medicaid), or any other third party may have against any distributions that may be issued by the Mesh Trust. By submitting this Mesh Trust Submission Form and choosing to liquidate your Claim through the Mesh Claims Process, you understand that the Mesh Trust may enter into a lien resolution program (“**LRP**”) and, if the Mesh Claims Process does enter into a LRP, you are deemed to consent to the LRP and the Mesh Trust’s release of information provided in connection with your Mesh Claim as required under the LRP to identify any liens that may be asserted against a distribution based on the Mesh. If any liens are identified against your Allowed Eligible Mesh Claim, the Mesh Trust

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in the Scheduled Claims Process attached as **Exhibit 1** to the Mesh Trust Agreement (the “**Mesh Claims Process**”), or, if not defined therein, then the meanings ascribed to them in the Plan, the Confirmation Order, or the Mesh Trust Agreement. A copy of the Mesh Trust Agreement may be obtained by visiting www.EndoGUCTrust.com.

may reduce distributions on account of your Allowed Eligible Mesh Claim by the amount required to satisfy the lien(s).

By signing this form, you agree that all information that you provide in this Mesh Trust Submission Form may be provided to insurers or other entities that may have payment obligations in connection with your Mesh Claim, solely to the extent necessary to pursue or obtain payment for your Mesh Claim and subject to appropriate confidentiality protections.

Mesh Trust Submission Form Submission: You may submit this form by uploading it as an attachment to your Trust Submission Form and submitting it electronically as described at www.EndoGUCTrust.com. If you are submitting your Trust Submission Form by mail or hand delivery, you may obtain a hard copy of this Mesh Trust Submission Form to attach to your Trust Submission Form by (i) emailing EndoInquiries@stretto.com (please reference “Endo GUC Trust – Mesh Trust Submission Form” in the subject line) or (ii) calling 855-451-4091 (toll-free) or 714-716-1858 (international).

PART ONE: PERSONAL INFORMATION OF MESH CLAIMANT

Please fill out only **one** of the following sections (Section 1.A or 1.B).

- If you hold a Mesh Claim arising from your own experience with an Eligible Debtor Product (or if such holder is alive and you are completing this form as their representative), fill out Section 1.A.
- If you hold a Mesh Claim arising from a deceased person’s experience with an Eligible Debtor Product (or you are completing this form on behalf of such a holder as their representative), fill out Section 1.B.

Section 1.A: If you hold a Mesh Claim arising from your own experience with an Eligible Debtor Product (or if such holder is alive and you are completing this form as their representative), then the term “Claimant” in this Mesh Trust Submission Form refers to the person implanted with the Eligible Debtor Product, whether that is you or the person you represent. Please fill out the information below:

Claimant’s Name: _____

Claimant’s Date of Birth: _____

Claimant’s Address: _____

Claimant’s Social Security Number: _____
(or Taxpayer ID)

Claimant’s Telephone Number: _____

Representative Name (if applicable): _____

Legal Authority for Representative (if applicable): _____
(e.g., POA, Legal Guardian, Conservator)

Section 1.B: If you are filing a Mesh Claim for a deceased person with a claim due to the deceased person’s implantation of an Eligible Debtor Product, or you are completing this form as the representative of an individual with a claim for a deceased person’s implantation of an Eligible Debtor Product, then the term “Claimant” in this Mesh Trust Submission Form refers to the person with a Mesh Claim on behalf of the individual implanted with an Eligible Debtor Product. Please fill out the information below:

Name of Deceased Person Implanted with an Eligible Debtor Product:

Date of Birth of Deceased Person Implanted with an Eligible Debtor Product:

Date of Death:

Cause of Death:

Social Security Number for Deceased Person Implanted with an Eligible Debtor Product:

(or Taxpayer ID)

Claimant's Name:

Claimant's Address:

Claimant's Relationship to the Deceased Person Implanted with an Eligible Debtor Product:

Claimant's Telephone Number:

Representative Name (if applicable):

Legal Authority for Representative (if applicable):

(e.g., POA, Legal Guardian, Conservator)

If a Court has appointed you as Executor, Administrator or Personal Representative of the Deceased Person's Estate, then submit the Court Order so appointing you along with your Mesh Trust Submission Form. If a Court has not appointed you as Executor, Administrator, or Personal Representative of the Deceased Person's Estate, then execute and submit the Heirship Declaration attached hereto.

PART TWO: ELECTION FOR THE “EXTRAORDINARY REVIEW” CLAIMS PROCESS

(Complete this part only if you elect for your Mesh Claims to be reviewed under the “Extraordinary Review Process.” You may choose to have your claim evaluated under the Extraordinary Review Process if, after reviewing the Scheduled Values set forth in Section 4.1 of the Mesh Claims Process, you believe your Mesh Claim deserves additional compensation due to injury or a loss of a type or severity not otherwise captured by the Mesh Claims Process. If you do not wish to elect for the Extraordinary Review Process, skip this Part Two).

In the Extraordinary Review Process, the Mesh Trustee will consider the following factors:

- (i) the degree to which the characteristics of a Mesh Claim differ from the Medical/Exposure Criteria (as described in Section 4.1 of the Mesh Claims Process) including additional Qualifying Surgeries (as defined below) or unaccounted for complications including but not limited to physical deformity or disability and reproductive issues;
- (ii) other major surgeries including but not limited to reconstructive surgeries;
- (iii) factors such as the claimant’s age at the time of implant, employment status, disruption of household, family or recreational activities, relationship impairment, and dependencies; and
- (iv) settlement and verdict histories in the Eligible Mesh Claimant’s jurisdiction for similarly situated or analogous claims.

If you would like to forfeit all rights to have your Mesh Claims evaluated under the standard Review Process in the more timely, streamlined review and instead wish to submit your Mesh Claim to the Extraordinary Review process, please select the box below.

Mark the following box **only if you elect for your Mesh Claim to be submitted to the Extraordinary Review process:**

- I elect for my Mesh Claim to be reviewed under the Extraordinary Review Process

Holders of Mesh Claims who elect for their claim to be reviewed under the Extraordinary Review Process must still complete all Parts of this Mesh Trust Submission Form. Holders of Mesh Claims who wish to have their claim reviewed under the ordinary Review Process may leave this Part Two blank.

PART THREE: IMPLANTATION OF AN ELIGIBLE DEBTOR PRODUCT

Section 3: Identify the Eligible Debtor Product (defined below) that the individual who is the subject of this Mesh Claim was implanted with. **Include evidence of the implantation and any Qualifying Surgeries² when submitting this Mesh Trust Submission Form, such as, but not limited to, medical records or reports identifying the implanted product, surgical and diagnostic records, and additional or other records that demonstrate the criteria identified below. For the avoidance of doubt, you are required to attach medical records to this form to establish that you were implanted with an Eligible Debtor Product, and in order to potentially receive a recovery on account of your claims pursuant to the Mesh Claims Process, you must attach medical records sufficient to establish that you had one or more Qualifying Surgeries and/or treatments necessary to treat a condition or symptom attributable to implantation of the Eligible Debtor**

² See Section 4.B herein for the definition of a Qualifying Surgery.

Product. All such medical records must be provided by the August 5, 2024 deadline in order to be considered by the Mesh Trust.

An “Eligible Debtor Product” means those pelvic repair system product(s) manufactured, marketed, sold and distributed by the Debtors and/or their affiliates listed below, as well as any variations, past or present:

- i BioArc® SP System with InteXen® LP
- ii BioArc® TO System with InteXen® LP
- iii MiniArc® Precise Single-Incision Sling System
- iv MiniArc Pro_☉ Single Incision Sling System
- v MiniArc® Single-Incision Sling System
- vi Monarc® Subfascial Hammock
- vii Monarc® C Subfascial Hammock
- viii Monarc® + Subfascial Hammock
- ix RetroArc_☉ Retropubic Sling System
- x SPARC® Sling System
- xi Apogee® System with IntePro® or IntePro® Lite_☉
- xii Apogee® System with InteXen® LP_☉
- xiii Perigee® System with IntePro® or IntePro® Lite_☉
- xiv Perigee® System with InteXen® LP_☉
- xv Elevate® Anterior and Apical Prolapse Repair System with IntePro® Lite_☉
- xvi Elevate® Anterior and Apical Prolapse Repair System with InteXen® LP
- xvii Elevate® Apical and Posterior Prolapse Repair System with IntePro® Lite_☉
- xviii Elevate® Apical and Posterior Prolapse Repair System with InteXen® LP
- xix In-Fast® Sling System / In-Fast Ultra® Sling System, with or without one of the following being implanted during the same procedure:
 - a) Influence-TRG Gelseal
 - b) InteDerm_☉ Allograft Dermal Matrix
 - c) InteLata_☉ Allograft Fascia Lata Matrix
 - d) InteXen® LP Collagen Dermal Matrix
 - e) InteXen® LP Porcine Dermal Matrix
 - f) InteXen® Porcine Dermal Matrix
 - g) TranZgraft Allograft Fascia Lata Service
 - h) Urogen® Dermal Allograft Service
 - i) Straight-In_☉ Sacral Colpopexy System, with or without one of the following being implanted during the same procedure:
 - j) IntePro® Large Pore Polypropylene Y Mesh
 - k) Sacral Colpopexy Y Sling
 - l) IntePro® Large Pore Polypropylene Y-Mesh
 - m) InteMesh® Silicone-Coated Sling/Silicone-Coated Surgical Mesh with or without InhibiZone®
 - n) InteXen® LP Collagen Dermal Matrix

- o) InteXen® Porcine Dermal Matrix
- p) InteXen® LP Porcine Dermal Matrix
- q) Triangle

It is important for this Part Three that you have *executed and submitted the HIPAA release form* attached hereto to ensure the Mesh Trustee can access and review the medical records that support your claim.

Eligible Debtor Product(s)

Date of Implantation:

Date of Any Subsequent Qualifying Surger(y/ies):

Length of Use of the Eligible Debtor Product (in months):

PART FOUR: MESH CLAIMANT INJURIES

WARNING: IF YOU DO NOT CHECK ANY INJURIES ON THIS LIST, THEN YOUR MESH CLAIMS WILL ONLY BE ALLOWED AT THE LOWEST VALUE LEVEL AND YOU WILL LIKELY RECEIVE NO RECOVERY

Section 4.A: Treatments

Please select one or more of the following treatments performed after implantation of an Eligible Debtor Product for the purpose of treating a condition or symptom that is attributed to your complication from the implantation of an Eligible Debtor Product. Attribution of a condition or symptom to a complication from implantation of mesh and/or the treatment thereof may be established by a temporal relationship between the implantation of mesh and the condition, symptom and/or treatment. *Include evidence of the following treatments as well as any evidence that these treatments are attributable to your implantation of the Eligible Debtor Product when submitting this Mesh Trust Submission Form. For the avoidance of doubt, you are required to attach medical records to this form to establish that you were implanted with an Eligible Debtor Product, and in order to potentially receive a recovery on account of your claims pursuant to the Mesh Claims Process, you must attach medical records sufficient to establish that you had one or more Qualifying Surgeries and/or treatments necessary to treat a condition or symptom attributable to implantation of the Eligible Debtor Product. All such medical records must be provided by the August 5, 2024 deadline in order to be considered by the Mesh Trust.*

Please mark all that are applicable to your claim.

- Neuropathic pain medications for treatment of pelvic pain commencing at least 90 days after implantation of Eligible Debtor Product and with continuous use for a period of at least two months
- Physical therapy of pelvic floor or vaginal area commencing at least 90 days after implantation of Eligible Debtor Product, and involving at least 4 sessions over a 60-day period
- Anesthetic block for treatment of pain in or originating from the pelvic area
- Trigger point injections, local nerve block, or nerve ablation in the pelvic area
- Botox injections in the pelvic muscles
- Revisions and/or trim of Eligible Debtor Product which is performed using topical anesthesia or local anesthesia
- Drainage of sinus tract or abscess occurring within the vicinity of the site of implant or the insertion tract of an Eligible Debtor Product and which is performed at least 30 days but not more than one year after the implantation of an Eligible Debtor Product
- Such other non-surgical mesh-related treatment(s) and/or new-onset mesh-related conditions

Section 4.B: Qualifying Surgeries

Please select one or more of the following Qualifying Surgeries performed after implantation of an Eligible Debtor Product to correct complications from the implantation of an Eligible Debtor Product. *Include evidence of the following Qualifying Surgeries as well as any evidence that these surgeries are attributable to your implantation of the Eligible Debtor Product when submitting this Mesh Trust Submission Form. For the avoidance of doubt, you are required to attach medical records to this form to establish that you were implanted with an Eligible Debtor Product, and in order to potentially receive a recovery on account of your claims pursuant to the Mesh Claims Process, you must attach medical records sufficient to establish that you had one or more Qualifying Surgeries and/or treatments necessary to treat a condition or symptom attributable to implantation of the Eligible Debtor Product. All such medical records must be provided by the August 5, 2024 deadline in order to be considered by the Mesh Trust.*

Please mark all that are applicable to your claim.

A Qualifying Surgery is defined as a surgical procedure performed under general anesthesia or regional anesthesia to:

- Remove all or a portion of an Eligible Debtor Product
- Release the arms of an Eligible Debtor Product
- Excise or lyse scar tissue or scar bands at site of implant of an Eligible Debtor Product
- Explore the cause of a condition or symptom suspected by a treating medical provider to be caused by the implantation of an Eligible Debtor Product, which is performed via an open or laparoscopic approach and for which the operative records do not reflect that another cause of the condition or symptom (e.g., ovarian cysts, endometriosis) was determined as the cause during surgery. For clarification, where the operative records reflect that another cause of the condition or symptom (e.g., ovarian cysts, endometriosis) was determined as a cause during surgery, *and in addition* reflect a concomitant finding that an Eligible Debtor Product was also a cause of the condition or symptom, such surgical procedure does constitute a Qualifying Surgery. For clarification, a diagnostic cystoscopy without further surgical intervention is not included in such procedures.

PART FIVE: MEDICAL LIENS

Section 6: Did any insurance company pay for medical treatment for the Mesh-related injuries that gave rise to your Mesh Claim?

- Yes
- No

PART SIX: SIGNATURE

This Mesh Trust Submission Form must be signed by the Mesh Claimant or the Mesh Claimant's Representative.

Name of person signing this Mesh Trust Submission Form: _____

E-mail address of person signing this Mesh Trust Submission Form: _____

Phone Number of Person signing this Mesh Trust Submission Form: _____

I am including the evidence requested above in my submission of this Mesh Trust Submission Form:

I declare under penalty of perjury that the representations made and the information provided on this Mesh Trust Submission Form are true, correct and complete to the best of my knowledge.

Signature of Mesh Claimant (or signature of Representative Completing this Mesh Trust Submission Form on Behalf of a Mesh Claimant)

Exhibit 3

HIPAA Release Form

HIPAA RELEASE FORM FOR MESH CLAIMS

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Claimant Name:

Date:

Date of Birth:

Soc. Sec. No.

1. The following individuals or organizations are authorized to disclose my protected health and insurance records to the parties specified below in section #4:

Note: Please list the names of your medical care providers and your health insurance providers that may have records relevant to the resolution of your Mesh Claim.³ If you are unsure of the exact legal name of your medical providers and health insurance providers, you can leave this blank, and we will complete it for you with the understanding that you authorize all relevant parties:

2. The type and amount of information to be used or discloses is as follows:

The entire protected medical and insurance record, including but not limited to: any and all medical records, mental health records, psychological records, psychiatric records, problem lists, medication lists, lists of allergies, immunization records, history and physicals, discharge summaries, laboratory results, x-ray and imaging reports, medical images of any kind, video tapes, photographs, consultation reports, correspondence, itemized invoices and billing information, and information pertaining to Medicaid or Medicare eligibility and all payments made by those agencies, for the following dates:

Note: List the date range for which the medical providers and insurance companies above may have records relevant to the resolution of your Mesh Claim. If you are unsure of the exact dates, then leave this blank, and we will complete this section for you with the understanding that you authorize all relevant date ranges.

Dates of Services - From: _____ To: _____

³ Capitalized terms used but not defined herein shall have the meanings ascribed to them in the Mesh Trust Agreement, the Plan, the Confirmation Order, or the GUC Trust Documents.

3. I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, as well as treatment for alcohol and drug abuse.
4. The health and insurance information may be disclosed to and used by the following individual and/or organization:
 - a. Mesh Trust;
 - b. Heather Barlow, as the Trustee and Claims Administrator of the Mesh Trust;
 - c. Any professionals engaged by the Mesh Trust to perform such tasks;
 - d. Matthew Dundon, as the Trustee of the GUC Trust, and any professionals engaged by the GUC Trust to perform such tasks;
 - e. The Debtors' insurers that provide coverage for Mesh Claims; and
 - f. In connection with any lien resolution program.
5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the Mesh Trust. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire 10 years after the date that I sign it.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and forego a recovery under the Mesh Trust Agreement. I understand that no organization may condition treatment, payment, enrollment, or eligibility for benefits on my signing of this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1634.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules or HIPAA. If I have questions about disclosure of my health information, I can contact the Mesh Trustee.

Patient or Legal Representative

Date

Relationship to Patient (If signed by Legal Representative)

Exhibit 4

Heirship Declaration

**HEIRSHIP DECLARATION FOR
ENDO MESH SUB-TRUST DISTRIBUTION PROCEDURES**

SWORN DECLARATION AND RELEASE

Any heir (the “**Heir**”) of a holder of a Mesh Claim, where the Mesh Claimant has died before the Mesh Claim is paid (the “**Decedent**”), is required to complete this declaration if the Heir has not been named as the executor/administrator of the Decedent’s estate by a probate court. Moreover, the Heir must also provide notice to any other beneficiary who may be entitled to receive a portion of any distribution from the Endo Mesh Trust (the “**Mesh Trust**”) to ensure that all potential beneficiaries have received fair and proper notice of this distribution.

I. Decedent Information

Name:	First Name	Middle Initial	Last Name
Social Security Number:	Date of Death:		
Residence/Legal Domicile Address at Time of Death	Street		
	City	State	Zip Code

II. Heir Information

Your Name	First Name	Middle Initial	Last Name
Your Social Security Number			
Your Address	Street		
	City	State	Zip Code
Your Relationship to Decedent			

III. Authority to Receive a Distribution

I, _____, an Heir, have authority to act on behalf of Decedent for one of the following reasons (please select *one* and provide the applicable documentation):

_____	Decedent Executed a Valid Will Naming the Heir as the Executor/Administrator
List here and attach copies of all document(s) evidencing a valid Last Will and Testament executed by Decedent naming the Heir as Executor/Administrator:	1. Last Will and Testament of _____, dated _____. 2. _____ 3. _____

III. Authority to Receive a Distribution (continued)

____	Decedent Executed a Valid Testamentary Trust Naming the Heir as the Trustee	
List here and attach copies of all document(s) evidencing a valid Testamentary Trust executed by Decedent naming the Heir as Trustee:	1. Testamentary Trust executed by _____, dated _____. 2. _____ 3. _____	
____	Decedent Did Not Execute a Valid Testamentary Document (did not have an executed Will or Trust)	
List here the intestate statute(s) of the Residence/Legal Domicile at Time of Death of the Decedent and attach a copy of the full language of the statute(s):	1. A copy of the intestate statute(s) of the state or domicile of the Deceased Claimant at the time of their death. 2. _____ 3. _____	

IV. Notice to Other Heirs and Beneficiaries of Decedent

(Attach additional sheets if needed)

Use the space below to identify the name and address of all persons who may have a legal right to share in any payment on behalf of the claim of the Decedent. Also state if and how you notified these persons of the Mesh Trust, or the reason they cannot be notified.

	Name:	Information:	
1.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____
2.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	___ Yes. How notified: _____ ___ No. Why not notified: _____ _____

IV. Notice to Other Heirs and Beneficiaries of Decedent (continued)

Name:		Information:	
3.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	__ Yes. How notified: _____ __ No. Why not notified: _____ _____
4.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	__ Yes. How notified: _____ __ No. Why not notified: _____ _____
5.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	__ Yes. How notified: _____ __ No. Why not notified: _____ _____
6.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	__ Yes. How notified: _____ __ No. Why not notified: _____ _____
7.		Address	
		Relationship to Decedent	
		Notified of Mesh Trust?	__ Yes. How notified: _____ __ No. Why not notified: _____ _____

V. Heir Certification – Sworn Declaration

This Sworn Declaration is an official document for submission to the Mesh Trust. By signing this Sworn Declaration, I certify and declare under penalty of perjury pursuant to 28 U.S.C. §1746 that:

- A. I am seeking authority to act on behalf of the Decedent and their estate, heirs, and beneficiaries in connection with the Mesh Trust Agreement, including with respect to the submission of forms and supporting evidence and the receipt of payment for any such awards.
- B. I will abide by all substantive laws of the Decedent's last state of domicile concerning the compromise and distribution of any monetary award to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.
- C. If Decedent executed a valid Will naming the Heir as the Executor/Administrator:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and their estate.
 - b. The copy of the Last Will and Testament provided by me is the Last Will and Testament of the Decedent.
 - c. I will notify the Mesh Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- D. If Decedent executed a valid Testamentary Trust naming the Heir as the trustee:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and their estate.
 - b. No one else has been appointed the trustee or other position with the authority to act on behalf of the Decedent and their estate.
 - c. The copy of the Testamentary Trust provided by me is the currently valid Testamentary Trust of the Decedent.
 - d. I will notify the Mesh Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- E. If the Decedent did not execute a valid testamentary document:
 - a. No one else has been appointed the personal representative, executor, administrator, or other position with the authority to act on behalf of the Decedent and their estate.
 - b. There is no known Last Will and Testament of the Decedent and no application or proceeding has been filed in state or other court to administer the estate of the Decedent or to appoint an executor or administrator.
 - c. I will notify the Mesh Trust immediately if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- F. No application or proceeding has been filed in state or other court to administer the estate of the Decedent or to appoint an executor or administrator of the Decedent's estate.
- G. I am not aware of any objections to my appointment and service as the Heir on behalf of the Decedent and their estate, heirs, and beneficiaries.
- H. No person notified under Section IV objects to my serving as the Heir and taking such steps as required by the Mesh Trust Agreement to resolve all claims related to the Decedent's injury by a Mesh product. The persons named in Section IV are all of the persons who may have a legal right to share in any payment issued in respect of the injuries of the Decedent.

V. Heir Certification – Sworn Declaration (Continued)

- I. I will comply with any and all provisions of the state law regarding the compromise and distribution of the proceeds of any payment from the Mesh Trust to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.

- J. In accordance with item I. above, I understand that I am responsible for locating and paying all heirs their proportionate share of any distribution based on the applicable Will, Trust or Intestate Statute.

- K. I will indemnify, defend and hold harmless the Mesh Trust, its agents and representatives, and any law firm(s) representing me from any and all claims, demands, or expenses of any kind arising out of distributions from the Mesh Trust.

- L. I understand that, by signing this Sworn Declaration, the sole remedy for any beneficiary that contests the allocation of the distribution from this case is to pursue me directly.

The information I have provided in this Declaration is true and correct. I understand that the Mesh Trust, the Bankruptcy Court for the Southern District of New York and any law firm(s) representing me will rely on this Declaration, and false statements or claims made in connection with this Declaration may result in fines, imprisonment, and/or any other remedy available by law.

I, the undersigned, declare the above as true and correct under penalty of perjury:

Signature:		Date:	
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