IN THE MATTER OF THE *INDIAN ACT*, R.S.C. 1985, CHAPTER I-5 AND AMENDMENTS THERETO, AND IN THE MATTER OF THE ESTATE OF _____, DECEASED, NO. _____ OF THE LOWER NICOLA **INDIAN BAND, IN THE PROVINCE OF BRITISH COLUMBIA, WHO DIED ON OR ABOUT _____ AND WHO AT THE TIME OF DEATH HAD BEEN ORDINARILY RESIDENT ON _____ I.R. NO. ___.**

HEIRS'/BENEFICIARIES' AGREEMENT

We, the undersigned, agree to the following re-distribution of certain assets of the estate, and request that the estate's administrator/executor give effect to this agreement:

{Describe how the land will be re-distributed}

Dated this _____ day of _____, 2_____, at Merritt,

in the Province of British Columbia.

Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
_____)
Name of witness *(Please print)*) Name of heir/beneficiary *(Please print)*

Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
_____)
Name of witness *(Please print)*) Name of heir/beneficiary *(Please print)*

(use additional signature page(s) if required)

Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
) _____
_____)
Name of witness *(Please print)* Name of heir/beneficiary *(Please print)*

Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
) _____
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Name of witness *(Please print)* Name of heir/beneficiary *(Please print)*

Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
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Name of witness *(Please print)* Name of heir/beneficiary *(Please print)*

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Signature of witness) **Signature of heir/beneficiary**
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Signature of witness) **Signature of heir/beneficiary**
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Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
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Name of witness *(Please print)* Name of heir/beneficiary *(Please print)*

Witnessed by:_____) _____
Signature of witness) **Signature of heir/beneficiary**
) _____
_____)
Name of witness *(Please print)* Name of heir/beneficiary *(Please print)*

Names and contact information for all heirs/beneficiaries:

Name: _____
Address: _____
Daytime phone: _____ Email: _____

Name: _____
Address: _____
Daytime phone: _____ Email: _____

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Daytime phone: _____ Email: _____

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