

MONTREAL, MAINE & ATLANTIC CANADA CO. / MONTRÉAL, MAINE & ATLANTIQUE CANADA CIE
MONTREAL, MAINE & ATLANTIC RAILWAY, LTD. / CHEMIN DE FER MONTRÉAL, MAINE & ATLANTIQUE

**SCHEDULE 1 TO PROOF OF CLAIM FORM
TO BE COMPLETED ONLY IF YOU ARE FILING A CLAIM FOR
ECONOMIC, MATERIAL OR OTHER DAMAGES RESULTING FROM
THE DEATH OF A PERSON**

**(IF YOU ARE CLAIMING DAMAGES AS A RESULT OF MORE THAN ONE DEATH,
PLEASE COMPLETE A SEPARATE SCHEDULE FOR EACH DECEASED)**

I. BASIC INFORMATION

1. Name of Creditor: _____
2. Date of birth of Creditor (DD-MM-YYYY): _____

II. INFORMATION REGARDING THE DECEASED

3. Name of the Deceased: _____
4. Select which of the following relationship applies to you. The Deceased was my:
 - Spouse
 - Former spouse
 - De facto* Spouse (If selected, how long was the *de facto* spouse relationship : _____)
 - Child
 - Mother
 - Father
 - Brother
 - Sister

If none of the foregoing applies, please specify and describe the nature of your relationship:

5. Please provide the following information relating to the Deceased, if it is known to you:
 - a. If the Deceased was married at the time of death, provide the name and age of spouse, date of marriage and civic address of spouse at time of death:

- b. If the Deceased was in a relationship with a *de facto* spouse (“conjoint de fait”), at the time of death, provide the name, age of *de facto* spouse, address and date at which they started to live together:

- c. If the Deceased was divorced, or separated at the time of death, provide the name(s) and age(s) of former spouse(s), and any payment obligations paid or owed or financial support to former spouse(s) by the Deceased:

- d. If the Deceased was divorced or separated at the time of death, provide the name(s) and age(s) of former spouse(s), and any payment obligations paid or owed or financial support to the Deceased by the former spouse(s):

- e. Provide the names and ages of the children of the Deceased. Please indicate if any of the children were still living at home with the Deceased at the time of death:

- f. Please list any family members or persons other than those above that were dependent on the Deceased and were receiving or are owed payment or financial support from the Deceased. Provide names, ages and amounts:

III. MEDICAL CONDITION OF THE DECEASED AT THE TIME OF DERAILMENT

- 6. Please describe to the best of your knowledge any medical problems, medical condition or health issues of the Deceased prior to the Derailment:

- 7. Prior to the Derailment, was the Deceased diagnosed with, or treated for, or taking any medication, in connection with any illnesses or disabilities? In the affirmative, please provide details:

- 8. Was the Deceased denied medical insurance coverage for any reason? In the affirmative, please provide details:

IV. OTHER INFORMATION RELEVANT TO A CLAIM REGARDING THE LOSS OF INCOME OR ECONOMIC SUPPORT TO THE CREDITOR DUE TO THE DEATH OF ANOTHER PERSON

(This section is to be completed only if the Creditor is claiming loss of income or economic support resulting from the death of another person.)

Education of the Deceased

9. Describe the education, studies (in progress or completed), degrees, diplomas, certifications, memberships of professional orders or other trade associations of the Deceased at the time of the Derailment:

Employment / work information and history of the Deceased

10. Describe the employment, position held, trade, work or other occupation of the Deceased at the time of the Derailment:

11. If applicable, name of the employer of the Deceased at the time of the Derailment: _____

12. If applicable, duration of that employment at the time of the Derailment: _____

13. If applicable, gross and net income from all sources of the Deceased at the time of the Derailment:

a. Weekly: Gross: CA \$ _____ Net: CA\$ _____
b. Annually: Gross: CA \$ _____ Net: CA\$ _____

14. Describe (in general terms) the work / employment experience of the Deceased at the time of the Derailment:

15. Describe specifically the employment, positions held, or work of the Deceased during the three (3) year period preceding the Derailment:

16. Provide the gross and net annual income from all sources of the Deceased for the three (3) year period prior to the Derailment:

a. 2012:	Gross:	CA \$ _____	Net:	CA\$ _____
b. 2011:	Gross:	CA \$ _____	Net:	CA\$ _____
c. 2010:	Gross:	CA \$ _____	Net:	CA\$ _____

Employment / work information and history of the Creditor

17. Were you dependent on the Deceased or receiving financial support from the Deceased at the time of the Derailment? Yes No

If yes, how much were you receiving at the time of the Derailment (indicate amount CA\$ _____ and period _____).

18. Describe your employment, position held, trade, work or other occupation at the time of the Derailment:

19. If applicable, name of your employer at the time of the Derailment:

20. If applicable, duration of that employment at the time of the Derailment: _____

21. If applicable, your gross and net income from all sources at the time of the Derailment:

a. Weekly:	Gross:	CA \$ _____	Net:	CA\$ _____
b. Annually:	Gross:	CA \$ _____	Net:	CA\$ _____

22. Describe (in general terms) your work / employment experience:

23. Describe specifically the employment, positions you held, or your work during the three (3) year period preceding the Derailment:

24. Provide your gross and net annual income from all sources for the three (3) year period prior to the Derailment:

a. 2012:	Gross:	CA \$ _____	Net:	CA\$ _____
b. 2011:	Gross:	CA \$ _____	Net:	CA\$ _____
c. 2010:	Gross:	CA \$ _____	Net:	CA\$ _____

25. Has your employment or occupation status changed since then? Yes No
If yes, please provide details as to your present status:

26. Provide your gross and net income from all sources at the time of the Claim:

a. Weekly:	Gross:	CA \$ _____	Net:	CA\$ _____
b. Annually:	Gross:	CA \$ _____	Net:	CA\$ _____

27. Are you dependent on another person or receiving financial support from another person since the Derailment? Yes No

If yes, provide the name of such person: _____

The relationship between you and that person: _____

The amounts you received: CA\$ _____

The amounts you expect to receive; and CA\$ _____

Until what date: _____

V. DESCRIPTION OF ECONOMIC AND MATERIAL DAMAGES (FOR MONTREAL, MAINE & ATLANTIC CANADA CO., IN RESPECT TO THE CANADIAN INSOLVENCY PROCEEDINGS) SUFFERED BY CREDITOR DUE TO THE DEATH OF THE DECEASED

28. If you are claiming economic and material damages sustained by yourself due to the death of the Deceased, please list comprehensively and describe in detail the individual amounts, nature and basis of any damages claimed. The following categories are indicative only:

a. Expenses you would not have otherwise incurred from July 6, 2013 to the date of this claim (describe):

CA\$ _____

b. Future expenses of any other kind that you expect to incur and that you would not have otherwise incurred (describe):

CA\$ _____

c. Loss of personal income from July 6, 2013 to the date of this claim (describe the reasons why you suffered a loss of income due to the death of the Deceased):

CA\$ _____

d. Expected loss of future personal income (describe the reasons why you will suffer a loss of future income due to the death of the Deceased):

CA\$ _____

e. Loss of economic support from the Deceased since July 6, 2013: CA\$ _____

f. Expected loss of future economic support from the Deceased: CA\$ _____

g. Any other economic damages resulting from the death of the Deceased (describe): CA\$ _____

Total Economic and Material Damages
(Enter on line A. on page 3 of proof of claim form) CA\$ _____

DESCRIPTION OF ECONOMIC AND MATERIAL DAMAGES (FOR MONTRÉAL, MAINE & ATLANTIC RAILWAY LTD., IN RESPECT TO THE UNITED STATES INSOLVENCY PROCEEDINGS, IF DIFFERENT)

29. If, for the purposes of claims against Montreal, Maine & Atlantic Railway, Ltd., you are claiming other economic or material damages or different amounts (i.e. other than those described in the above section dealing with damages claimed against Montreal, Maine & Atlantic Canada Co.) suffered by yourself due to the death of the Deceased, then please provide a complete description of any other damages or amounts that you are claiming against Montreal, Maine & Atlantic Railway, Ltd.:

(Enter on line A. on page 3 of proof of claim form)

CA\$ _____

Multiple horizontal lines for text entry.

VI. DESCRIPTION OF OTHER DAMAGES SUFFERED BY CREDITOR DUE TO THE DEATH OF THE DECEASED (FOR MONTREAL, MAINE & ATLANTIC CANADA CO., IN RESPECT TO THE CANADIAN INSOLVENCY PROCEEDINGS)

30. If you are claiming any other damages, please list comprehensively and describe in detail all the **nature** and **dollar amounts** sought in respect of all **categories** of damages claimed. The following categories are indicative only:

a. Psychological pain, sadness, anguish, anxiety, emotional distress and suffering as a result of the Deceased's death:

CA\$ _____

b. Loss of consortium, *solatium doloris*, psychological support from the Deceased, loss of enjoyment of life:

CA\$ _____

c. Troubles and inconveniences:

CA\$ _____

d. Other damages:

CA\$ _____

Total Other Damages
(Enter on line B. on page 3 of proof of claim form)

CA\$ _____

VII. OTHER INFORMATION

32. Please provide full details of all insurance policies that were in effect at the time of the Derailment and that provides coverage for the claims made in this schedule:

	Insurance policy A.	Insurance policy B.
a. Nature of insurance policy:		
b. Name of policy holder:		
c. Amount of coverage:		
d. Policy number:		
e. Insurance company name and contact information:		
f. Has payment been received? If yes, what amount?		
g. Are any additional insurance claims being pursued or expected?		

33. Did the Creditor receive payments or financial assistance from the Government of Quebec, the Government of Canada, any municipality, any person or organization as a result of the Derailment? If you have, then please indicate:

Name of government department, municipality, person or organization providing financial assistance	Amounts received CA\$	Date of payments	Date of reimbursement, if any

34. Provide the following contact information for any lawyer representing the Creditor:

Lawyer's name: _____
Name of law firm: _____
Street address: _____
City, province/state, postal/zip code: _____
E-mail address: _____
Telephone number: _____

35. Provide details of any legal action commenced by yourself as a result of the Derailment:

Name of parties: _____

Current Civil Action Court File No.: _____
Jurisdiction: _____
Judicial district: _____

(Attach a copy of the proceedings)