

Claims Administrator
P.O. Box 3355
London, ON N6A 4K3



RCQ

*Alvin McKay v. Ralph Rowe,
The Synod of the Diocese of Keewatin and
Scouts Canada, and The General Synod of the
Anglican Church of Canada and the Missionary
Society of the Anglican Church of Canada*

ONTARIO SUPERIOR COURT OF JUSTICE

Court File No. CV-17-0239-00CP

**Must Be Postmarked
No Later Than
February 27, 2025**

Class Action Settlement Estate Claim Form

This **Estate Claim Form** is only for individuals who are claiming or continuing claims on behalf of someone who has died and who was sexually abused by Ralph Rowe within the geographic boundaries of the Anglican Diocese of Keewatin between 1975 and 1987¹. Individuals cannot claim on behalf of someone who, before their death, previously settled or otherwise released the Diocese of Keewatin and Scouts Canada, or who passed away prior to May 11, 2015.

Carefully read the instructions included with this **Estate Claim Form**. Before you fill in this form, you should read the “**Notice of Settlement**”.

This form can be filled in electronically at <https://www.ralphroweclaimaction.ca/documents.aspx>. If completing the **Estate Claim Form** by hand, please print clearly and use blue or black ink. Please print answers and do not write in cursive writing. If completing the Claim Form by hand, please send the **Original** to: Claims Administrator, P.O. Box 3355, London, ON N6A 4K3.

All claims will be reviewed and assessed by the Claims Administrator appointed by the Court. Send this form to the Claims Administrator. All Claim Forms must be received by the Claims Administrator by **February 27, 2025**. After that date, it will be too late for your claim to be considered.

Keep a copy of this Estate Claim Form for your records.

This form is confidential and will only be used for the claims process. The Claims Administrator may contact you to gather more or other information in order to assess your claim.

Please read the Estate Claim Form carefully. Ask for help if you do not understand. You can ask a trusted support person for help. You can contact the lawyers for the Class Members for help with the Estate Claim Form:

Koskie Minsky
900-20 Queen Street West
Toronto, ON M5H 3R3
Tel: 1-888-353-6661
Email: ralphroweclaimaction@kmlaw.ca

You might experience upsetting thoughts or feelings when you write out your claim.

Take the time you need to write everything you want to say.

Make sure you are in a safe place when you work on your claim.

It may help you to ask someone you trust to stay with you or for you to plan in advance who you will talk to for support if you need it.

Supports may be available from the following programs:

- Residential School Survivors and Family Hotline: 1-866-925-4419
- Crisis Services Canada: 1-833-456-4566 or text 45645
- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310

For assistance accessing additional supports or resources, you may contact Nishnawbe Aski-Nation at: healing@nan.ca or by phone at 807-624-2012

Additionally, if you require private counselling services, you may be eligible for reimbursement of up to \$1,500. Contact Class Counsel if you would like more details about this option.

¹ If the deceased was abused by Ralph Rowe and you do not know whether it occurred within the geographic boundaries of the Anglican Diocese of Keewatin, please contact Class Counsel.



| | | | | |
|----------------------------------|-----------------------------|-----------------------------|--|---|
| FOR CLAIMS PROCESSING ONLY | OB <input type="checkbox"/> | CB <input type="checkbox"/> | <input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV | <input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B |
|----------------------------------|-----------------------------|-----------------------------|--|---|

Section 1: Information Required for Compensation (payment) Claim

Do your best to completely fill out your **Estate Claim Form**, where you are able and as it applies to you.

IF YOU DO NOT KNOW OR CANNOT REMEMBER ANSWERS TO ANY OF THE QUESTIONS, THAT IS OKAY. IF YOU DO NOT KNOW OR CANNOT REMEMBER AN ANSWER, PLEASE JUST INDICATE THAT FACT IN THE SPACE PROVIDED.

Please fill in the circles below next to the statements that are true.

- I am filling out this form on behalf of a deceased claimant
- The deceased claimant had a will
- The deceased claimant was abused by Ralph Rowe
- The sexual abuse occurred between 1975 and 1987
- The sexual abuse occurred within the geographic boundaries of the Diocese of Keewatin²

Section 2: Name and Contact Information of Estate Executor or Representative

1. Please print your full legal name below, including your first name, middle initial and last name.

| | | |
|------------|------|-----------|
| | | |
| First Name | M.I. | Last Name |

2. Please print below the name that you prefer to be called.

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3. Please include your gender and preferred pronouns below by filling in applicable circle or filling in the line provided.

Male Female Non-Binary Two Spirit

Other Gender

| |
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|--|

he/him she/her they/them

other pronouns you go by

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4. Please include your current mailing address in the space provided below.

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Unit Number

| |
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Street Name/Number

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|--|--|
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|--|--|

City/Town

Postal Code/ZIP Code

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Country of Residence

5. Please include below a phone number where you can be reached.

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Country Code

Area Code

Phone Number

6. Please include below an email address (if you have one) where you can be reached.

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7. What relationship do you have to the deceased claimant?

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² If the deceased was abused by Ralph Rowe and you do not know whether the abuse occurred within the geographic boundaries of the Anglican Diocese of Keewatin, please contact Class Counsel.



Section 3: Name and Information of Deceased Claimant

8. Please print their full legal name below, including their first name, middle initial and last name.

First Name M.I. Last Name

9. Please print below the name that they preferred to be called.

10. Did they go by any other names, such as pre-married names, married names, nicknames or aliases? If so, please print those names below.

11. Please include their gender and preferred pronouns below by filling in the applicable circle or filling in the line provided.

Male Female Non-Binary Two Spirit

Other Gender

he/him she/her they/them

12. What was the claimant's date of birth?

DD / MM / YYYY

13. When did the claimant die?

DD / MM / YYYY

Section 4: Evidence of Claimant's Death

If you are submitting this claim on behalf of a deceased claimant, you must attach evidence showing that the claimant is deceased and the date on which they died. This could be:

- A death certificate
A funeral director's statement of death
A burial certificate

Section 5: Initial Information Concerning Assault(s)

Please complete this portion of the form to the best of your ability/memory. If you do not remember or are unsure of any details, please write that.

14. During what date or date range did the sexual assault(s) occur?

DD / MM / YYYY

or

DD / MM / YYYY to DD / MM / YYYY

15. What school did the claimant attend and what grade or grades were they in when the assault(s) occurred?

16. During which season(s) did the assault(s) occur: summer, winter, spring and/or fall? If so, please provide those details.



17. What was the claimant's residential address at the time the assault(s) took place?

[Grid input box for address]

Unit Number

[Grid input box for Unit Number]

Street Name/Number

[Grid input box for Street Name/Number]

[Grid input box for Postal Code/ZIP Code]

City/Town

Postal Code/ZIP Code

18. Describe how the claimant came into contact with Ralph Rowe, and whether they came into contact with him in his role as a priest, or a Boy Scout leader, or both.

[Multiple horizontal lines for text entry]

19. Approximately how many sexual assault(s) did the claimant experience by Ralph Rowe?

[Multiple horizontal lines for text entry]

20. Describe the first sexual assault. What were the circumstances of the assault, where did the assault occur, and what sexual acts did Ralph Rowe do to the claimant, or have the claimant do to him? If you need more space, you may include additional pages.

[Multiple horizontal lines for text entry]



21. If there were additional sexual assaults, what were the circumstances of the assaults, where did it/they occur and what sexual acts did Ralph Rowe do to the claimant, or have the claimant do to him? Provide as much detail as possible. If you need more space, you may include additional pages.

22. Did the claimant tell anyone about the assault(s)? If so, please include the name(s) of those person(s), any contact information you may have for them, and describe the claimant's relationship with them.

23. When did the claimant tell the person(s) listed above about the sexual assault(s)?

24. How did you come to hear about these details from the claimant? Where and when were you told about it?

25. Include any other information that you think is relevant to this claim.



Section 6: Level of Assault

Please fill in the circle that describes the sexual assault(s) the claimant experienced by Ralph Rowe:

- Level 1:** Fondling, kissing, or Ralph Rowe exposing himself.
- Level 2:** Simulated intercourse, masturbation, or repeated fondling under clothing.
- Level 3:** Oral sex, digital penetration, attempted penetration, or repeated masturbation.
- Level 4:** One or more incidents of non-consensual anal penetration, or repeated incidents of oral sex.

Section 7: Optional Supporting Documentation

You may include **Optional Supporting Documentation** that may assist in the processing of this claim by attaching it to your **Estate Claim Form**. This documentation is optional/voluntary and is not required to make a claim for compensation under Levels 1 – 4 above.

Optional Supporting Documentation may include:

- Documentation that shows the claimant or the claimant's family attended or were involved with a parish operated by the Diocese or were involved with Scouts, such as:
 - baptism records, Sunday-school records, communion records, confirmation records, parish giving/offering envelopes, Scouts enrollment records, scouting badges, photographs of the claimant or their family with Ralph Rowe.
- You may also attach the claimant's family doctor or other treating physician's file, or a portion of it, which includes notes/discussion of the assault(s);
- You may also attach any notes or records of counselling sessions with psychologists, therapists, social workers, psychiatrists or any other medical professional, which relate to or discuss the assault(s);
- Any other documentation or photographs that you think are relevant and may assist the Claims Administrator in evaluating the claim.

Section 8: Additional Harms and Effects Claims Process

If you are bringing a claim on behalf of a deceased claimant, the deceased claimant is eligible for compensation only under Levels 1 – 4 in Section 6 above.

The deceased claimant may be eligible for additional compensation only for harms and effects that they experienced resulting from the sexual assault(s) if the claimant died after making a claim for additional for harms and effects, the claim process for their claim was completed, and you are continuing the claim on their behalf.

If the latter is true, please attach the deceased claimant's completed Claim Form if it is available to you.

Section 9: Evidence of Authority as Estate Representative

If the deceased claimant **did not leave behind a will**, go to Section 9.

If the deceased claimant **did have a will and you are not the appointed representative**, forward this Estate Claim Form to the representative.

If the deceased claimant **did have a will and appointed you to represent their estate**, attach a copy of their will and/or any other document that appoints you as the representative.

This includes:

- The deceased person's will
- A Provincial or Territorial court order appointing you as the representative
- A Grant of Administration letter

- Fill in this circle if you are attaching the deceased claimant's will and you agree with the following declaration:

I declare to the best of my knowledge and belief that the deceased claimant named in this Estate Claim Form:
(1) had a valid will, (2) did not revoke the will, (3) created no later will, and (4) no estate Executor, Trustee, Administrator or Liquidator has been appointed for them by a court.



Section 10: Evidence of Relationship to Deceased Claimant

Complete this section if the deceased claimant **did not leave behind a will** and you are submitting this claim on their behalf.

26. Fill in the circle that best describes your relationship to the deceased claimant:

- Husband or Wife Common Law or de facto partner Non-Binary Child
 Grandchild Parent Sister or Brother Niece or Nephew

27. Fill in the circle if you agree with the following declaration:

- I declare to the best of my knowledge and belief that the deceased claimant named in this Estate Claim Form: (1) did not have a valid will at the time of their death, and (2) no estate Executor, Trustee, Administrator or Liquidator has been appointed for them by a court.

28. If the deceased claimant died without an estate, the Settlement Agreement grants priority to family members of the deceased claimant in the following priority:

1. Surviving spouse or common law partner
2. Children
3. Grandchildren
4. Parents
5. Siblings
6. Children of siblings (nieces or nephews)

Based on the list above, fill in the circle if you agree with the following declaration:

- I declare to the best of my knowledge and belief that there are no living family members who have a higher or equal priority to me.

If you **did not fill in the circle**, forward this Estate Claim Form to the family member of the deceased claimant with the highest priority, **OR:**

If there are family members of the deceased claimant with higher or equal priority to you, you must ask them all to sign and consent for you to act for the estate of the deceased claimant (see Section 11).

What are the full legal names of those family members with higher or equal priority to you? For each one, please also state what their relationship is to the deceased claimant.

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Section 11: Consent of Family Member(s) with Equal or Higher Priority

This section should be completed by the family member(s) of the deceased claimant who have higher or equal priority in the list above. If there is more than one family member that needs to fill out this section, there are more forms available at the back of this document. If that is still not enough, you may make copies or contact the Claims Administrator to arrange for more to be sent to you.

FAMILY MEMBER #1

Fill in this circle if you are attaching the deceased claimant's will and you agree with the following declaration:
I give my consent to the family member completing this Estate Claim Form to act on behalf of the deceased claimant's estate.

Signature Page

You must have your signature below witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |

You **must** also have this Estate Claim Form signed by **one other person who knew the deceased claimant personally**. This signature must also be witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |



List of Attached Documents

Please include a description and number of pages for any documents that you submit with your Estate Claim Form. Please refer to page 6 of the Estate Claim Form which includes direction on what optional documentation you can include in support of your claim.

Please refer to page 12 of the Claim Form for direction on the required documentation that you must submit for Harms and Effects claims.

| Document Description | Number of Pages |
|----------------------|-----------------|
| | |
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Section 12: Confirmation of Information Above

I confirm that the information contained in this Estate Claim Form is true and accurate to the best of my knowledge and/or memory.

Your Signature: _____

Dated (mm/dd/yyyy): _____

Your Name: _____



ADDITIONAL CONSENT FORMS FOR FAMILY MEMBERS

FAMILY MEMBER #2

Fill in this circle if you are attaching the deceased claimant's will and you agree with the following declaration:

I give my consent to the family member completing this Estate Claim Form to act on behalf of the deceased claimant's estate.

Signature Page

You must have your signature below witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |

You **must** also have this Estate Claim Form signed by **one other person who knew the deceased claimant personally**.

This signature must also be witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |



FAMILY MEMBER #3

Fill in this circle if you are attaching the deceased claimant's will and you agree with the following declaration:

I give my consent to the family member completing this Estate Claim Form to act on behalf of the deceased claimant's estate.

Signature Page

You must have your signature below witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |

You **must** also have this Estate Claim Form signed by **one other person who knew the deceased claimant personally**.

This signature must also be witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |



FAMILY MEMBER #4

● Fill in this circle if you are attaching the deceased claimant's will and you agree with the following declaration:

I give my consent to the family member completing this Estate Claim Form to act on behalf of the deceased claimant's estate.

Signature Page

You must have your signature below witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |

You **must** also have this Estate Claim Form signed by **one other person who knew the deceased claimant personally**.

This signature must also be witnessed by a commissioner, paralegal, notary, lawyer, member of band council, elected or hereditary chief, Elder, regulated healthcare professional or clergy:

| | | |
|-------------------|---|---------|
| _____ |) | |
| Witness Name |) | |
| _____ |) | |
| Witness Position |) | _____ |
| |) | Name(s) |
| _____ |) | |
| Date (dd/mm/yyyy) |) | _____ |
| |) | Name(s) |

