

**AFFIDAVIT OF DEATH**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, the undersigned, of lawful age and sound mind, hereby affirm and attest as follows, as of \_\_\_\_\_ [insert date]:

1. My legal name is \_\_\_\_\_
2. I reside at \_\_\_\_\_, City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, Zip code \_\_\_\_\_.
3. I am aware that \_\_\_\_\_ (the “Decedent”) passed away on \_\_\_\_\_. A copy of Decedent’s certified death certificate is attached hereto as Exhibit A.
4. No application or petition for the appointment of a personal representative with respect to the Decedent is pending or has been granted by any jurisdiction.
5. The value of decedent’s estate subject to probate, wherever located, net of all liens and encumbrances, is estimated to be approximately \$\_\_\_\_\_ as of the date hereof.
6. All unsecured debts of the Decedent, including final expenses for medical, funeral and burial,  have  have not been satisfied.
7. The appropriate number of days under applicable law have elapsed since the date of Decedent’s death, before making this claim for funds.
8. I am the successor to the Decedent’s interest in the following account(s) and the funds therein, or other asset(s) as described below, and no other person has a superior right thereto:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. The foregoing information is based upon information and belief and is true and correct to the best of my knowledge.



