

(6) that the following relatives of the decedent were surviving at the time of the decedent's death:

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Residence</u>
Widow/Widower:	_____	_____	_____

Child(ren):	_____	_____	_____
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Children of Decedent's Children:	_____	_____	_____
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Other Heirs (Indicate Relationship):	_____	_____	_____
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(7) that the names of all heirs-at-law of the decedent are listed above and there are no others who would claim an interest in the estate.

This affidavit is executed by the undersigned for the purpose of supporting a payment by the undersigned of sums due to the estate of _____, deceased. The undersigned agrees to indemnify and hold harmless the appropriate Insurance Company from any and all cost, reasonable attorney's fees, actions, loss or damage which it may suffer by reason of said payment to undersigned.

Affiant

Relationship of Affiant

Address

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public