

## **Affidavit of Heirship**

## **One Form For Each Claimant**

Please print except where signatures are required.

	State of		County	of of	or parish in which the form is signed)
	(State	in which the form is signed)	<i>,</i>	(County o	or parish in which the form is signed)
I,			(Print affiants/claim	nant's name), repré	esent the following to be
true:					
The following inc	dividuals ( <b>Print na</b>	imes and addres	sses of all heirs):		
Name			Address		
Name			Address		
Name			Address		
Name			Address		
Name			Address		
Name			Address		
Name			Address		
Name			Address		
					who was insured under
policy number(s)	(list	all policy numbers) $\operatorname{with}$ _			Life Insurance
Company;					
		-			of the deceased and that
no petition for letters				_	
	o .				rever hold harmless said
company from all loss			reason of the con	npany payın	g benefits under said
policy as herein reque	sted and designat	ted;			
(Print name)		(Signature – I	MUST BE SIGNED IN PRESENCE O	F NOTARY)	
(Street address	s)		(City, State, Zip)		
Subscribed and sworn	to before me this	s day of _		_, 20	
			_ (Notary Public)		(seal)
Commission expires:					

PLEASE NOTE: Each heir must complete his/her own form. The person signing this form is attesting to the fact that only the people listed are the legal heirs to the decedent. For example, if there are five heirs, each of the five heirs must complete his/her own form and list all five heirs. If this form is not completed properly, it will be returned, or additional information may be requested. Please feel free to contact our customer service department at 972-699-2770 if you have any questions.