AFFIDAVIT OF SURVIVING SPOUSE OR NEXT OF KIN

State of)		
County of) SS:)		
[(First, middle, last	being dul	y sworn according to	iaw, declare that I
reside at		•	and
(Street ada	dress)	(City, State)	
that on(Date)	(Name of the	, who	made no will, had
	dence at		
I am the <u>widow, wido</u>	ower, child, father, mother, (Circle relationship)	other and as such am o	entitled to receive
the decedent's estate (Name	under the laws ofe of U.S. state where decede	nt last had legal perm	anent residence)
Please insert the names	IES OF SURVIVORS, IN of living relatives in the follomother, brothers and/or sisters	wing order of relationsh	HIP ip: surviving spouse,
Name	Date/Place of Birth	Address	Relationship

Subject to the subjec		
_		
	(Signature of Affiant)	
Subscribed and sworn (or affirmed to)	before me by	
onon		at
OII	*	
(Seal)		
(334.)	(Signature of Notary Public)	
	(organization)	
	OI CIT (DIE)	
	(Name of Notary Public)	