

Affidavit Concerning Administration Of Estate Of Decedent

STATE OF _____)
)
COUNTY OF _____)

ss.

_____ residing at _____

_____ being duly sworn, deposes and says:

(1) that _____ died on _____ ,
_____, leaving no will, and no executor or administrator has been or will be appointed for the
estate.

(2) that the estate left by the decedent consists of the following property:

(3) that the approximate value of the decedent's estate was \$ _____ , and if required,
a tax waiver will be furnished showing that the estate is not subject to inheritance taxes or estate
taxes.

(4) that all funeral expenses and expenses of last illness of the decedent have been paid as
follows: (Specify amounts and to whom paid)

and there are no unpaid debts of the decedent or decedent's estate except as follows: _____

(5) that the following relatives of the decedent were surviving at the time of the decedent's death.

Relationship	Name	Age	Residence
Widow or Widower:	_____	_____	_____
Children:	_____	_____	_____
_____	_____	_____	_____
Children of decedent's children:	_____	_____	_____
_____	_____	_____	_____
Other heirs (indicate relationship):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(6) that the names of all heirs-at-law of the decedent are listed above and there are no others who could claim an interest in the estate.

This affidavit is executed by the undersigned for the purpose of supporting a payment by AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY to the undersigned of sums due the estate of _____, deceased. The undersigned agrees to indemnify and hold harmless said COMPANY from any and all costs, reasonable attorney's fees, actions, loss or damage which it may suffer by reason of said payment to undersigned.

Address

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

Notary Public