

AFFIDAVIT OF DECEDENT'S REPRESENTATIVE

Before me, the undersigned authority, on this day personally appeared _____
_____ ("Affiant") who, being known to me and first duly
sworn, upon his/her oath stated and affirmed:

1. My full legal name is _____.

2. I make the statements and representation herein to the _____
_____ Trust (the "Trust")
drawing upon my personal knowledge and in the informed belief that they are based on facts
known to me to be true and correct. To the extent that I must rely upon the knowledge of other
persons, I will so indicate that reliance, and further do so in the belief and understanding that
my reliance is appropriate and warranted.

3. I live at _____
_____ [insert home address].

4. My Social Security Number is ____ - ____ - ____.

5. I represent to the Trust that I have all necessary and requisite legal authority to
act for, bind, and accept payment on behalf of _____ [insert
full name of the decedent] ("Decedent"), Decedent's estate, and all heirs, successors, assigns,
legal representatives, and descendants of Decedent.

6. Decedent's Social Security Number was ____ - ____ - ____.

7. At the time of death, Decedent was a resident of _____
_____ [insert name of state or province].

8. My relationship to Decedent is _____ [describe
relationship, e.g., spouse, parent, child, sibling].

9. There has been no administration of Decedent's estate.

10. I understand that the Trust will rely on the representations made herein and
those previously made to the Trust in support of Decedent's claim (including, without
limitation, the representations made to the Trust in the claim form and any documents
submitted in support thereof) in making any payments to me on account of Decedent's claim
against the Trust.

11. I hereby agree to indemnify and hold harmless the Trust from any and all
losses, costs, damages, or expenses arising out of, or in connection with, any claim,
allegation, or assertion, actual or threatened, that another person or entity holds a rightful
claim or entitlement to payment arising from Decedent's claim against the Trust.

12. I further understand that should any of the representations made herein be made with knowledge that they are false, the Trust shall be entitled to recover from me, my successors, and/or assigns all monies paid by the Trust to resolve Decedent's claim, plus reasonable attorneys' fees for the counsel of its choice, costs, expenses, pre- and post-judgment interest at the prevailing legal rate, and such other legal or equitable relief as permitted.

Signed this ____ day of _____, 20__.

Signature of Affiant

STATE OF _____ §

§

COUNTY OF _____ §

Sworn to and subscribed before me on _____ [date] by

_____ [name of Affiant].

{SEAL}

Signature of Notary Public

My Commission Expires: _____