

## 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: \_\_\_\_\_