

SMALL ESTATE AFFIDAVIT

STATE OF)
) §
COUNTY OF)

_____, residing at _____,
being duly sworn, deposes and says: _____, insured under policy
number _____ issued by _____, died on date of
_____ at _____

((PLACE OF DEATH))

leaving no will, and no petition for the appointment of a personal representative is pending or has been granted.

Thirty (30) days have elapsed sin