



# Affidavit of Heirship

Please print except where signatures are required.

**One Form For Each Claimant**

State of \_\_\_\_\_  
(State in which the form is signed)

County of \_\_\_\_\_  
(County or parish in which the form is signed)

I, \_\_\_\_\_ (Print affiants/claimant's name), represent the following to be

true:

The following individuals **(Print names and addresses of all heirs)**:

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

are the only heirs at law of \_\_\_\_\_ (Print decedent's name) who was insured under policy number(s) \_\_\_\_\_ (list all policy numbers) with \_\_\_\_\_ Life Insurance Company;

And that there has been no estate opened for the administration of the assets of the deceased and that no petition for letters of administration on the estate of the deceased is pending;

And that the undersigned does herewith covenant and agree to protect and forever hold harmless said company from all loss, costs, damage, and expense by reason of the company paying benefits under said policy as herein requested and designated;

_____	_____
(Print name)	(Signature – <b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> )
_____	_____
(Street address)	(City, State, Zip)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ (Notary Public) (seal)

Commission expires: \_\_\_\_\_

**PLEASE NOTE: Each heir must complete his/her own form. The person signing this form is attesting to the fact that only the people listed are the legal heirs to the decedent. For example, if there are five heirs, each of the five heirs must complete his/her own form and list all five heirs. If this form is not completed properly, it will be returned, or additional information may be requested. Please feel free to contact our customer service department at 972-699-2770 if you have any questions.**