

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Statement was served on each of the following:

Full Name	Relationship to Decedent	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature