

AFFIDAVIT OF SURVIVORSHIP

STATE OF MONTANA
COUNTY OF _____

RETURN TO: MONTANA DEPARTMENT OF LIVESTOCK
PO BOX 202001
HELENA, MT 59620-2001

_____, BEING FIRST DULY SWORN, DEPOSES AND SAYS;
(NAME OF SURVIVING HEIR)

THAT (HE, SHE) IS THE SURVIVING _____ OF _____, WHO DIED ON
(SPOUSE, CHILD, HEIR) (NAME OF DECEDENT)

- - AT _____ . THE UNDERSIGNED IS THE CLOSEST NEXT OF KIN.
(DATE OF DEATH) (CITY AND STATE WHERE DEATH OCCURRED)

THAT THE DECEASED OWNED NO ESTATE NECESSITATING ADMINISTRATION. THEREFORE, THERE IS NO ESTATE OR PROBATE PROCEEDINGS BEING CONDUCTED FOR (HIS, HER) ESTATE. FURTHER THE BRAND OR BRANDS:

DRAW
BRAND
HERE



POSITION ON CATTLE _____
POSITION ON HORSES _____
POSITION ON SHEEP _____ PAINT COLOR _____
POSITION ON OTHER (SPECIFY) _____

IS OF NO INTEREST TO ME, AND I GIVE MY APPROVAL THAT IT BE TRANSFERRED TO:

(NEW BRAND OWNER NAME)

(NEW BRAND OWNER ADDRESS)

(NEW BRAND OWNER CITY, STATE, ZIP)

DATE: _____ - _____ - 20_____

SIGNATURE(S): _____
(SIGNATURE OF SURVIVING HEIR)

STATE OF MONTANA COUNTY OF _____ SIGNED BEFORE ME ON _____ BY _____

SIGNATURE OF NOTARY _____

MONTANA NOTARIES MUST COMPLETE THE FOLLOWING IF NOT PART OF STAMP AT LEFT:

PRINTED NAME OF NOTARY _____

NOTARY PUBLIC FOR THE STATE OF _____

RESIDING AT _____

MY COMMISSION EXPIRES _____ - _____ - 20_____

(AFFIX NOTARIAL SEAL/STAMP ABOVE)