Name of Decedent (Insured)		
Policy # Claim #		
SWORN STATEMEN	NT OF NO PROBATE ESTATE	
INITATAMATIRIA	And	
INDEMNIFIC	CATION AGREEMENT	
My name is	, I am tl	ne
(rela	ationship to insured) of the Decede	
(Telephone #). I have	personal knowledge of the facts st	ated in this
statement.		
(check all that apply): Decedent did not have a will Decedent had no assets (real estate Other I am entitled to receive proceeds the or administrator of the Decedent's probate are entitled to the insurance proceeds.	hat would otherwise be payable to ate estate because there are no otl	ner heirs that
I agree to indemnify and hold harm Associations, its members, affiliates, age assigns of and from any and all actions, expenses, compensation and any and al damage, past, present or future, whethe way arising out of my signing of this doc otherwise be payable to the executor or a there was a probate proceeding.	ents, attorneys, employees, succes causes of action, claims, demanded consequential or special damage or known or unknown, on account cument and my receipt of funds the administrator of the Decedent's present and the decedent of the Deced	sors and s, costs, or other of or in any at would
	Signature	
	Printed Name	
SWORN TO AND SUBSCRIBED by		before me on
this day of	, 20	
My commission expires:		
	Notary Public	