

Name of Decedent (Insured) _____
Policy # _____
Claim # _____

SWORN STATEMENT OF NO PROBATE ESTATE
And
INDEMNIFICATION AGREEMENT

My name is _____, I am the
_____ (relationship to insured) of the Decedent. I reside at
_____ (address)
_____ (Telephone #). I have personal knowledge of the facts stated in this
statement.

There is no probate proceeding for the Decedent and none will be commenced because
(check all that apply):

___ Decedent did not have a will. ___ Decedent had a will.
___ Decedent had no assets (real estate or personal property)
___ Other _____

I am entitled to receive proceeds that would otherwise be payable to the executor
or administrator of the Decedent's probate estate because there are **no other heirs that
are entitled to the insurance proceeds** and _____
_____.

I agree to indemnify and hold harmless the Missouri Insurance Guaranty
Associations, its members, affiliates, agents, attorneys, employees, successors and
assigns of and from any and all actions, causes of action, claims, demands, costs,
expenses, compensation and any and all consequential or special damage or other
damage, past, present or future, whether known or unknown, on account of or in any
way arising out of my signing of this document and my receipt of funds that would
otherwise be payable to the executor or administrator of the Decedent's probate estate if
there was a probate proceeding.

Signature

Printed Name

SWORN TO AND SUBSCRIBED by _____ before me on
this _____ day of _____, 20__.

My commission expires:

Notary Public