

SMALL ESTATE AFFIDAVIT

STATE OF _____)
COUNTY OF _____)

_____ , residing at _____ , being
duly sworn, deposes and says: _____ , insured under policy
number _____ issued by the UNITED Life Insurance Company, died on date of
_____ at _____ leaving no will, and no petition
(PLACE OF DEATH)

for the appointment of a personal representative is pending or has been granted.

Thirty (30) days have elapsed since the death of the decedent and the value of the entire
Estate does not exceed _____ Dollars (\$ _____).

All funeral expenses and expenses of the last illness of the decedent have been paid as follows:

and there are no unpaid debts of the decedent or decedent's estate except as follows:

The following relatives of the decedent were surviving at the time of the decedent's death:

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>AGE</u>	<u>RESIDENCE</u>
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Widow or widower:

Children:

Children of
deceased children:

Other Heirs:

The names of heirs-at-law of the decedent are listed above and there are no others who could claim an interest in the estate.

We hereby agree to indemnify and hold harmless the Reliable Life Insurance Company from any and all costs, reasonable attorney fees, actions, loss or damage which it may suffer by virtue of payment to me (us) under and because of the said policy of insurance.

Subscribed and sworn to me before
me this _____ day of
_____, 20__.

(Notary Public)

(SIGNATURE OF AFFIANT)

(MAILING ADDRESS)

(RELATIONSHIP TO THE DECEDENT)