State of: \_\_\_\_\_\_\_

 **AFFIDAVIT OF DEATH**

I, \_\_\_\_\_\_\_\_\_\_, being duly sworn, hereby affirm under penalty of perjury, on this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, that I am the: (Check one)

[ ]  Executor

[ ]  Administrator

[ ]  Heir

[ ]  Survivor

of the Estate of \_\_\_\_\_\_\_\_\_\_ (the “Decedent”). The purpose of this affidavit is to secure the transfer or delivery of Decedent’s: (Check one)

[ ]  real property at the time of their death.

[ ]  securities at the time their death.

[ ]  bank accounts at your financial institution.

The Decedent died on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. At the time of death, the Decedent’s legal residence was \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_. Decedent lived at this residence for \_\_\_\_\_\_\_\_\_\_ years prior to death and was not a resident of any other State within the United States of America at that time. Decedent’s social security number is \_\_\_\_\_\_\_\_\_\_.

The value of the decedent’s estate is subject to probate. All debts of the decedent, including funeral expenses, have been paid or provided for. Accordingly, I am requesting the transfer or delivery of the items described above and in the accompanying exhibits. I have served notice on all other successors as per my state’s laws. As exhibits to this affidavit please find a list of the (Check one) [ ] real property [ ] securities [ ] bank accounts owned by the decedent, as well as a Certificate of Death.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant

**NOTARY ACKNOWLEDGMENT**

|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_  | ) |
|  | )     **(Seal)** |
| County of \_\_\_\_\_\_\_\_\_\_  | ) |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by the undersigned, \_\_\_\_\_\_\_\_\_\_, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_