STATE OF ________________
COUNTY OF _______________

INTESTATE AFFIDAVIT

I ________________________________, the undersigned, do hereby affirm as follows:

(Printed Name)

1. That, I have known _________________________ for ___ years; and
2. That, ____________________ died on ____________________; and
3. That, _________________________ (had/didn’t have) children, either
   adopted or biological other than __________________________; and
4. That, I at the time of death, ________________________ had no other
   heirs besides ________________________________.

WITNESS my hand and seal this _____ day of ___________, ____.

___________________________________________ (SEAL)
Insert Typed Name

STATE OF ________________
COUNTY OF _______________

I, the undersigned, certify that the following persons personally appeared before me this day, showing satisfactory
evidence of identity, and acknowledged the due execution and authority to execute the foregoing instrument in the
capacity indicated above:  Insert Typed Name

Date:_____________                     My Commission Expires:  __________________________

Signature of Notary: ____________________________  Printed Name of Notary: ____________________________