

Affidavit of Small Estate – Claims

STATE OF _____

} ss:

COUNTY OF _____

}

I, _____, of _____
(NAME) (ADDRESS)

_____, _____, _____, being duly sworn,
(CITY) (STATE) (ZIP)

depose and say:

I am the _____ of _____
(RELATIONSHIP) (NAME OF DECEDENT)

who died on the _____ day of _____, 20 _____: that said
(DATE) (MONTH) (YEAR)

decedent left no estate that requires probates or administration: that I am entitled to any
proceeds that may be payable to the decedent’s Estate under insurance policy number

_____ with National Benefit Life Insurance Company. Whereas it is my

expressed desire to receive payment of such proceeds from National Benefit Life

Insurance Company, I hereby expressly agree to indemnify National Benefit Life

Insurance Company against any future claims that may be made by any other party for

such proceeds in consideration of payment to me of the same.

(SIGNATURE)

Sworn to before me this
_____ day of _____, 20 _____

(NOTARY PUBLIC)