## SMALL ESTATE AFFIDAVIT

| STATE OF                            | )<br>2            |                                       |
|-------------------------------------|-------------------|---------------------------------------|
| COUNTY OF                           | ) 9<br>)          |                                       |
| <u></u>                             | , residing at     | · · · · · · · · · · · · · · · · · · · |
| being duly sworn, deposes and says: |                   | , insured under policy                |
| number                              | issued by         | , died on date of                     |
| at                                  |                   |                                       |
|                                     | ((PLACE OF DEATH) |                                       |

leaving no will, and no petition for the appointment of a personal representative is pending or has been granted.

Thirty (30) days have elapsed sin