## **AFFIDAVIT FOR TRANSFER WITHOUT ADMINISTRATION**

(Please Print or Type)

**Note:** This affidavit should be completed by an adult in the following succession; (a) surviving spouse; (b) child; (c) other next-of-kin of the deceased. If additional space is required for completion, of the following answers use reverse side hereof showing number of question being answered.

Sta	te of:					
Cou	inty of:	}ss:				
	(Na	me of Person Making Affidavit and Relations	ship to Deceased	)	being first o	luly sworn, deposes and
says that died on						
That by reason of such death, the interest of said deceased in and to policy number(s)						
life ofissued by Equitable has become vested in said deceased's estate; that						
for the purpose of inducing Equitable to consider the transfer of such interest without requiring administration of deceased's estate the undersigned						
does answer as follows:						
	Did the deceased leave a Wilf so, submit certified copy of	ll? the Will. ANSWER				
	Have administration or probate proceedings been had, or are any pending or contemplated? If so, do not submit this affidavit but furnish court certificate of appointment of estate representative.					
3. I	Residence of deceased.			Street	City	State
	Have all debts of deceased, including expenses of last illness and funeral and any State or Federal Taxes been paid?					
	n) The total value of the decedent's estate, (not including the amount ayable under this contract), determined after diligent inquiry, did not xceed the sum of \$			(a)		
(	(b) If such value is over \$1,00 administration of the estate?	such value is over \$1,000, how was it disposed of without		\$ (b)		
6.	Was deceased survived by a	spouse? If so, give name and addre	ess.			
l		of all children of the deceased, including at the death of the deceased.	ding			
١	who died prior to his/her deat	d have any children, including legally adopted, s/her death? (If none, so state) If so, give their		(a)		
(	(b) Did such children leave ch	dicate those who were adopted. nildren surviving, including legally ad names and indicate those who were		(b)		
,	who were alive at the death of sisters, including half-brother	I 8 are "NONE", list the following per of deceased: (a) parents, (b) brothers is and half-sisters, and (c) if any brot others and half-sisters, have died be	s and hers	Name (a) (b) (c)	Relationship	Address
1	the deceased list the names	of their children.	1010	(0)		
10.		nswers to questions 6, 7, 8(b) or 9 were ve since died, give names and dates o				
11.		ned in answers to questions 6, 7, 8(licate names and dates of birth of tho				
That in consideration of Equitable recognizing the persons mentioned above as being entitled to the interest of the deceased in and to said policy, the undersigned agrees to indemnify Equitable for any loss, claim, damage or expense it may sustain by relying on the information contained in this affidavit without requiring administration of the deceased's estate.						
Swo	rn to before me this	day of	20			
	(Signature)					
	(Nota	aryPublic)				