

AFFIDAVIT FOR PAYMENT 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 following answers use reverse side hereof showing number of question being answered

State of: _____

County of: _____ } SS: _____

_____ being first duly sworn, deposes and says that _____ died on _____

(Name of Person Making Affidavit and Relationship to Deceased)

That by reason of such death an amount has become payable to the said deceased's estate under contract # _____ On the life of _____ issued by Equitable Financial Life Insurance Company. That for the purpose of including the said Equitable Financial Life Insurance Company to make settlement of the amount payable without requiring administration of the deceased's estate the undersigned does answer as follows:

1.	Did the deceased leave a will? IF so, submit certified copy of the will	ANSWER →	
2.	Have administration or probate proceedings been held, or are any pending or contemplated? If so, do not submit this affidavit but furnish court certificate of appointment of estate representative.		
3.	Residence of deceased	Street	City State
4.	Have last illness and funeral expenses of deceased been paid? (If not, give details, names, addresses, amounts etc. and submit bills certified by such creditors as unpaid.)		
5.	Have all other debts of deceased, including any State or Federal taxes been paid? (If not, give names of creditors, addresses, amounts, etc.)		
6.	(a) The total value of decedent's estate, (not including the amount payable under this contract (determined after diligent inquiry, did not exceed the sum of \$_____.	(a)	
	(b) If such value is over \$1,000 how was it disposed of without administration of the estate?	(b)	
7.	Was deceased survived by a spouse? If so, give name, address and SS#.		
8.	Give names, addresses, and SS# of all children of the deceased, including legally adopted children, living at the death of the deceased (If none, so state.)		
9.	(a) Did the deceased have any children, including legally adopted, who died prior to his death? (If none, so state.) If so, give their names, dates of death and indicate those who were adopted.	(a)	
	(b) Did such children leave children surviving, including legally adopted? (If none state) If so, give names and indicate those who were adopted.	(b)	
10.	If answers to questions 8 AND 9 are "NONE" list the following persons who were alive at death of the deceased: (a) parents, (b) brothers and sisters, including half brother and half sisters and , (c) if any brothers or sisters, including half-brothers and half sisters, have died before the deceased list the names of their children.	Name Relationship Address SS#	
		(a)	
		(b)	
		(c)	
11.	If any of the persons mentioned in answers to questions 7,8,9(b) or 10 were alive at death of deceased, but have since died, give names and dates of death.		
12.	If any of the persons mentioned in answers to questions 7,8,9(b) or 10 are not 21 years of age, indicate names and dates of birth of those under 21. If all over 21, so state.		

That in consideration of Equitable Financial Life Insurance Company making payment on the basis of this affidavit without requiring administration of deceased's estate the undersigned agrees to indemnify the said Equitable for any loss, claim, damage or expense arising from such payment.

Sworn to before me this _____ day of _____ 20 ____ (Sign Here) _____

PRINT
Name Initial Surname

_____(Notary Public)