



American General Financial Group is the marketing name for American General Corporation and its subsidiaries.

**AFFIDAVIT CONCERNING ADMINISTRATION OF ESTATE OF DECEDENT**

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

SS.

\_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ being duly sworn, deposes and says:

(1) that \_\_\_\_\_ died on \_\_\_\_\_, 20\_\_, leaving no will, and no executor or administrator has been or will be appointed for the estate.

(2) that no application or petition for the appointment of a personal representative of the decedent is pending, nor has a personal representative of the decedent been appointed in any jurisdiction.

(3) that the estate left by the decedent consists of the following property:

\_\_\_\_\_  
\_\_\_\_\_

(4) that the approximate value of the decedent's estate was \$ \_\_\_\_\_, and if required, a tax waiver will be furnished showing that the estate is not subject to inheritance taxes or estate taxes.

(5) that all funeral expenses and expenses of last illness of the decedent have been paid as follows: (Specify amounts and to whom paid)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and there are no unpaid debts of the decedent or decedent's estate except as follows:

\_\_\_\_\_  
\_\_\_\_\_

(6) that at least thirty (30) days have elapsed since the death.

(7) that the following relatives of the decedent were surviving at the time of the decedent's death.

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Residence</u>
Widow/Widower:	_____	_____	_____
Children:	_____	_____	_____
Children of decedent's children:	_____	_____	_____
Other heirs (indicate Relationship):	_____	_____	_____

(8) that the names of all heirs-at-law of the decedent are listed above and there are no others who could claim an interest in the estate.

This affidavit is executed by the undersigned for the purpose of supporting a payment by AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY to the undersigned of sums due to the estate of \_\_\_\_\_, deceased. The undersigned agrees to indemnify and hold harmless said COMPANY from any and all cost, reasonable attorney's fees, actions, loss or damage which it may suffer by reason of said payment to undersigned.

\_\_\_\_\_  
Affiant  
\_\_\_\_\_  
Relationship of Affiant  
\_\_\_\_\_  
Address  
\_\_\_\_\_

Subscribe and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public