

**American General Life Insurance Company**  
Service Center: P.O. Box 4443 • Houston, TX 77210-4443

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, affiant, and on his/her oath says that he/she was personally acquainted with \_\_\_\_\_, now deceased, who was the *Insured* under a policy of insurance or the *Payee* under an annuity, supplemental contract, or installment/interest certificate numbered \_\_\_\_\_, issued or reinsured by:

American General Life Insurance Company, Houston, Texas

herein called the Company, and that the statements hereinafter set forth, including answers to questions propounded, constitute a true, correct, and complete statement of the facts and financial condition of said Insured's/Payee's estate.

*IF INSURED/PAYEE HAS ANY CHILDREN BY ANY SPOUSE, GIVE THE FOLLOWING INFORMATION:*

<b>Name of Child</b>	<b>Age</b>	<b>Address</b>	<b>Living/Dead</b>	<b>Date of Death</b>	<b>By Which Spouse</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If a deceased child left descendants, give the following information:*

<b>Name of Child</b>	<b>Age</b>	<b>Address</b>	<b>Living/Dead</b>	<b>Date of Birth</b>
_____ <i>NAME OF DECEASED</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ <i>NAME OF DECEASED</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

State, briefly, facts and circumstances (such as being a relative of, or attorney, or agent for Insured/Payee, etc.) which will show basis and sources of information hereinbefore given:

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

The names of all children of the decedent are listed above and there are no others who could claim an interest.

THIS FORM HAS TO BE COMPLETED BY A DISINTERESTED PARTY.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

\_\_\_\_\_  
*AFFIANT*

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
*SIGNATURE OF NOTARY PUBLIC IN AND FOR*

**NOTARY SEAL**

\_\_\_\_\_  
*COUNTY*

\_\_\_\_\_  
*STATE OF*

\_\_\_\_\_  
*(PRINT, TYPE, OR STAMP THE NAME OF THE NOTARY PUBLIC)*

The above and foregoing affidavit is true and correct and we, the undersigned, being all the heirs at law of the Insured/Payee, hereby agree to indemnify and hold harmless the said COMPANY from any and all costs, reasonable attorney fees, actions, loss or damage which it may suffer by virtue of payment to me (us) under and because of the said policy of insurance, annuity, supplemental contract, or installment/interest certificate.

(All heirs must sign below.)

\_\_\_\_\_  
*WITNESS' SIGNATURE*

\_\_\_\_\_  
*HEIR'S SIGNATURE*

\_\_\_\_\_  
*WITNESS' SIGNATURE*

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*HEIR'S SIGNATURE*

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*WITNESS' SIGNATURE*

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*HEIR'S SIGNATURE*

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*WITNESS' SIGNATURE*

\_\_\_\_\_  
*HEIR'S SIGNATURE*