

Affidavit of Heirship

STATE OF _____ §
 COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this date personally appeared _____, affiant, and on his/her oath says that he/she is over twenty-one years of age and is not incapacitated in any way; that he/she was personally acquainted with _____, now deceased, who was the owner 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

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 owner's estate.

SECTION I

Did Owner leave a Will? _____ If so, has or will the Will be probated? _____ If Owner did not leave a Will, has or will any administration be submitted in Probate Court in Owner's estate? _____ If so, when and where? _____ Were there any debts or obligation due by Owner at the time of death? _____ If so, give the following information:

To Whom Owing	Amount	Nature of Debt	Paid/Unpaid
_____	_____	Funeral Expense	_____
_____	_____	Medical	_____

What is approximate value of owner's estate including all insurance? \$ _____. Have all Federal Estate Taxes and State Inheritance Taxes been paid? _____ If not, what taxes have not been paid?

SECTION II

Was Owner married or single at time of death? _____ If married, to whom? _____ Was the Owner ever married to any other than the above-named person? _____ If so, give the following information: (List)

Name of Spouse	Living/Dead	Divorced	Date of Death or Divorce
_____	_____	_____	_____

SECTION III

If Owner has any children by any spouse, give the following information:

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

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

Name of Deceased _____

Name of Child	Age	Address	Living/Dead	Date of Death
_____	_____	_____	_____	_____

Name of Deceased _____

Name of Child	Age	Address	Living/Dead	Date of Death
_____	_____	_____	_____	_____

SECTION IV

In case owner left no surviving spouse and no children or descendants of deceased children, then please furnish the following information:

Name of Parents	Address	Living/Dead	Date of Death
Father			

Mother

Give names of brothers and sisters or Owner:

Name	Relation	Address	Age	Living/Dead	Date of Death

Give names of children of deceased brother or sister:

Name of Child	Child of	Age	Address	Living/Dead

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

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.

Affiant

SECTION V

Subscribed and sworn to before me on this _____ day of _____.

My commission expires _____.

Signature of Notary 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 owner, 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's Signature

Heir's Signature

Witness's Signature

Heir's Signature

Witness's Signature

Heir's Signature

Witness's Signature

Heir's Signature

Witness's Signature

Heir's Signature