

American General Life Insurance Companies
A subsidiary of American International Group, Inc.
P.O. Box 1931 • Houston, TX 77251-1931
(713)522-1111

INSTRUCTIONS FOR COMPLETING THIS FORM. If the Decedent left a Will and the Will has been or will be probated, submit Letters Testamentary in place of this form. If you are not sure of the FACTS relating to any items below, write "Don't know" in response to the matter. If you require more space for your responses fully execute an additional Proof of Heirship Affidavit form including only the additional information and attach the additional form to this form. IF YOU ARE RELATED TO THE DECEDENT, THE STATEMENT ON PAGE 2 OF THIS AFFIDAVIT MUST BE SIGNED BY TWO NON-RELATED PERSONS WHO ARE KNOWLEDGEABLE OF THE FACTS SET FORTH BELOW.

This Proof of Heirship Affidavit (the "Affidavit") relates to the marital history and heirship of _____, (hereinafter referred to as "Decedent"), owner of policy number _____. I knew the Decedent for approximately _____ years prior to his/her death on _____, in _____.

I am familiar with the facts stated in this Affidavit because of my relationship to the Decedent as _____ (wife, child, business associate, etc.).

I, being over twenty-one years of age, do solemnly swear that the Decedent left no will. There is no administration pending on the state of the Decedent in court. There are no debts or obligations against the estate, and no estate or inheritance taxes are due or payable. Further, all statements made below are true and correct, to the best of my knowledge.

1. The Decedent was married _____ times as follows:
 1st to _____, which marriage terminated as a result of the death of _____, on or about _____, or by divorce about _____,
 2nd to _____, which marriage terminated as a result of the death of _____, on or about _____, or by divorce about _____.
2. The name of the surviving spouse, if any, of the Decedent is _____, who resides at _____.
3. The following children were born to the Decedent as a result of the marriage (s) listed above:

NAME AND ADDRESS OF CHILD	Present age if living	Age at death if deceased (See Question 4)	Date of death if deceased

4. The names and ages of all children of any deceased child are: _____

5. The Decedent never adopted a child or children except: _____

(Write "No Exceptions" if no child was adopted. Insert the name, address, and age of any adopted child or children.)

6. If the Decedent was not survived by a spouse or by any child or children, natural or adopted, or by the child of any deceased child, then list the names and ages of all surviving Father, Mother, Brothers, Sisters, Children of Deceased Brothers and Sisters of the Deceased.

NAME AND ADDRESS OF SURVIVOR	Present age if living	Relationship

7. The value of the gross estate of the Decedent including all life insurance is approximately \$ _____.

I submit the statements above and acknowledge my understanding that American General Life will rely on the accuracy and completeness of my statements and I warrant that these statements are true and complete in all respects.

Date: _____

Signature

Printed Name

Street Address

State / Zip

If the person completing this affidavit is a relative of the decedent, the following must be signed by two non-related persons as described in the instructions on front of this affidavit. Each signature must be witnessed on the space provided below.

I, the undersigned, being over the age of 21, do solemnly swear that I know the above named decedent and am familiar with the statements made above and to the best of my knowledge all the statements made above are true and correct.

Signature

Signature

Printed Name

Printed Name

Street Address

Street Address

City and State

City and State

STATE OF _____

COUNTY OF _____

On this _____ day of _____
appeared before me and attested that the statements above are true, correct and complete, to the best of his/her knowledge.

Notary Public

My commission expires _____