SMALL ESTATE AFFIDAVIT

STATE OF)
) §
COUNTY OF)

_____, residing at _____,
being duly sworn, deposes and says: _____, insured under policy number _____ issued by _____, died on date of _____ at _____
((PLACE OF DEATH)
leaving no will, and no petition for the appointment of a personal representative is pending or has been granted.

Thirty (30) days have elapsed sin