



Affidavit of Heirship

Please print except where signatures are required.

1, 2

State of _____ County of _____

3

I/We _____

represent the following to be true:

4

I/We are the only heirs at law of _____ who was insured under

5, 6

policy number _____ with the _____ Life Insurance Company;

And that there has been no estate opened for the administration of the assets of the deceased and that no petition for letters of administration on the estate of the deceased is pending;

And that the undersigned do herewith covenant and agree to protect and forever hold harmless said company from all loss, costs, damage, and expense by reason of the company paying benefits under said policy as herein requested and designated;

7

And that the undersigned request and direct that all benefits due under said policy be made payable directly to _____

Name and address of person or funeral home to receive payment

All heirs at law sign below.

8

(Print name) (Signature) (Seal)

(Street address) (City, State, Zip)

9

(Print name) (Signature) (Seal)

(Street address) (City, State, Zip)

10

(Print name) (Signature) (Seal)

(Street address) (City, State, Zip)

11

(Print name) (Signature) (Seal)

(Street address) (City, State, Zip)

12

Subscribed and sworn to before me this _____ day of _____, 20____

13

(Notary Public)

14

Commission expires: _____

Instructions for Completing Affidavit of Heirship Forms

- 1 State in which form is signed
- 2 County or Parrish in which form is signed
- 3 Each heir's name. If there is more than one heir, you must list each heir's name in this space
- 4 Decedent's name
- 5 Policy number
- 6 Name of Insurance Company
- 7 The name of the person or person's or funeral home that is to receive payment
- 8-11 Name, address and signature of each heir. If more than one heir, each signature must be witnessed by a Notary Public and the Notary Public's seal should be placed beside the signature.
- 12 Date form completed
- 13 Notary's signature
- 14 Date Notary's commission expires

If it is not feasible to have all of the heirs sign the Affidavit at the same time, a separate Affidavit may be completed, **however, each of the heirs must be listed on line 3 of this form since the person signing the form is attesting to the fact that only the people listed on line 3 are the legal heirs to the decedent.** If this form is not completed properly, it will be returned, or additional information may be required.

Please feel free to contact Customer Service at 972.699.2770 if you have any questions.

Central Insurance Services

P.O. Box 833879

Richardson TX 75083-3879