

Insured: _____

Policy Number: _____

SMALL ESTATE AFFIDAVIT UNDER PENNSYLVANIA STATUTES 20 § 319 (d)

Commonwealth of Pennsylvania

County of _____

I, _____ (the affiant), state one or more of the following:

1. _____ (Name of Decedent), died on _____, and was a resident of _____ (County), Commonwealth of Pennsylvania at the time of death.
2. The total amount of proceeds payable by _____ does not exceed \$_____.
3. Sixty (60) days have elapsed since the death of the insured.
4. I understand that payment cannot be made under this Affidavit if a written claim for the money has been received from a personal representative of the decedent's estate.
5. I am entitled to payment or delivery of the property as heir of the decedent because there is no other heir that has preference or any heirs that have preference have released their benefits to me, (Pennsylvania law gives preference in the following order: Spouse, Child, Father or Mother, or Sister or Brother).

6. All heirs of the decedent are listed below: (Spouse, Child, Father, Mother, Sister, and/or Brother)

<u>Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Executed on _____, at _____, _____
(Date) (City) (State)

(Signature of Affiant) (Relationship to Decedent)

Sworn and subscribed before me this date, _____, 20__.

Notary Public, Commonwealth of Pennsylvania