

AFFIDAVIT

(I) or (We) being the Heirs of _____, Deceased,
(Name of Deceased)

Do hereby appoint _____, (Administrator) or (Administratrix)

Of the Estate of _____, Deceased, as (I) or (We) are unable

Or unwilling to serve.

Print Name

Sign Name

Address

STATE OF _____,

COUNTY OF _____, TO-WIT:

Taken, Subscribed and Sworn to before me on this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____