

AFFADAVIT

(I) OR (WE) BEING THE HEIRS OF _____,
DECEASED, DO HEREBY APPOINT _____
(ADMINISTRATOR) OR (ADMINISTRATRIX) OF THE ESTATE OF
_____, DECEASED, AS (I) OR (WE) ARE UNABLE
(NAME OF DECEASED)
OR UNWILLING TO SERVE.

STATE OF _____,

COUNTY OF _____, TO-WIT:

TAKEN, SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE _____
DAY OF _____, _____,

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____.

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