

**Proof of Heirship Affidavit**

**American General Life Insurance Company  
The United States Life Insurance Company in the City of New York**

Service Center: PO Box 4221 • Clinton, IA 52733-4221 • Tel: 1-800-633-6259 • Fax: 855-851-5409

**INSTRUCTIONS FOR COMPLETING THIS FORM.** If the Decedent left a Will and the Will has been or will be probated, submit Letters Testamentary in place of this form. If you are not sure of the FACTS relating to any items below, write "Don't know" in response to the matter. If you require more space for your responses fully execute an additional Proof of Heirship Affidavit form including only the additional information and attach the additional form to this form.

This Proof of Heirship Affidavit (the "Affidavit") relates to the marital history and heirship of \_\_\_\_\_,  
(hereinafter referred to as "Decedent"), of policy number \_\_\_\_\_.

I knew the Decedent for approximately \_\_\_\_\_ years prior to his/her death on \_\_\_\_\_,  
in \_\_\_\_\_. I am familiar with the facts stated in this Affidavit because of my relationship to  
the Decedent as \_\_\_\_\_.

I, being over twenty-one years of age, do solemnly swear that the Decedent left no will. There is no administration pending on the state of the Decedent in court. There are no debts or obligations against the estate, and no estate or inheritance taxes are due or payable. Further, all statements made below are true and correct, to the best of my knowledge.

The Estate left by the decedent consists of the following property: \_\_\_\_\_  
\_\_\_\_\_

The value of the gross estate of the Decedent including all life insurance is approximately \$ \_\_\_\_\_  
All funeral expenses and expenses of last illness of the decedent have been paid as follows: (Specify amounts and to whom paid)

\_\_\_\_\_  
\_\_\_\_\_

And there are no unpaid debts of the decedent or decedent's estate except as follows:  
\_\_\_\_\_  
\_\_\_\_\_

The decedent was married \_\_\_\_\_ times as follows:  
1st to \_\_\_\_\_, which marriage terminated as a result of the death of \_\_\_\_\_  
on or about \_\_\_\_\_, or by divorce about \_\_\_\_\_,  
2nd to \_\_\_\_\_, which marriage terminated as a result of the death of \_\_\_\_\_  
in or about \_\_\_\_\_, or by divorce about \_\_\_\_\_.

\*Attach an additional sheet if necessary

The name of the surviving spouse, if any, of the Decedent is \_\_\_\_\_  
Who resides at \_\_\_\_\_

IF DECEDENT HAS ANY CHILDREN BY ANY SPOUSE, GIVE THE FOLLOWING INFORMATION NAMING **ALL** NATURAL and LEGALLY ADOPTED CHILDREN:

Name of Child	Date of Birth	Living Y/N	Address	City	State	Zip	Name of Parent

**\*Attach an additional sheet if necessary**

If any of the children listed above were deceased after the insured and had children, provide the names and ages of their children. Please provide the information below.

Name of Deceased Child						Date of Death	
Name of Descendant(s)	Date of Birth	Address			City	State	Zip

If the Decedent was not survived by a spouse or by any child or children or by the child of any deceased child, then list the names and ages of all surviving Father, Mother, Brothers, Sisters, Children of Deceased Brothers and sisters of the decedent.

Name of Survivor(s)	Date of Birth	Living Y/N	Address	City	State	Zip	Relationship

I submit the statements above and acknowledge my understanding that American General Life will rely on the accuracy and completeness of my statements and I warrant that these statements are true and complete in all respects.

\_\_\_\_\_ Date

X

**Signature**

**Printed Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ appeared before me and attested that the statements above are true, correct and complete, to the best of his/her knowledge.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_