

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 818008 • Cleveland, OH 44181

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 _____ .
(wife, child, business associate, etc.)

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 _____