Name of Decedent (Insured)		
Policy # Claim #		
SWORN STATEMEN	NT OF NO PROBATE ESTATE	
INDEMNIED	And CATION AGREEMENT	
My name is	, I am th	ne
(rela	ationship to insured) of the Decede	
(Telephone #). I have	personal knowledge of the facts st	ated in this
statement.		
or administrator of the Decedent's proba	te or personal property)  hat would otherwise be payable to ate estate because there are <b>no otl</b>	her heirs that
I agree to indemnify and hold hard Associations, its members, affiliates, age assigns of and from any and all actions, expenses, compensation and any and all damage, past, present or future, whether way arising out of my signing of this document of the executor or there was a probate proceeding.	causes of action, claims, demands ll consequential or special damage er known or unknown, on account cument and my receipt of funds th	sors and s, costs, or other of or in any at would
	_	
	Printed Name	
SWORN TO AND SUBSCRIBED by		before me on
this day of		_
My commission expires:	<u> </u>	
	Notary Public	
	riotary rabite	