

AFFIDAVIT OF DEATH

STATE OF [STATE]

COUNTY OF [COUNTY]

I, [Affiant full legal name], being of sound mind and personally acquainted with the facts herein stated, do hereby depose and state under penalty of perjury as follows:

I. AFFIANT INFORMATION

My full legal name is [Affiant full legal name].

My current address is [Affiant mailing address].

My phone number is [Affiant phone number].

I am the [relationship to deceased] of the Deceased individual named below.

II. DECEASED INDIVIDUAL INFORMATION

The full legal name of the Deceased individual is [Deceased full legal name].

The date of death of the Deceased individual was [date of death].

The place of death of the Deceased individual was [city, state of death].

III. STATEMENT OF FACTS

I have personal knowledge of the death of [Deceased full legal name] and attest to the accuracy of the information provided herein. This Affidavit is made to formally declare and verify the death of the aforementioned individual for legal, financial, or property-related matters.

There is no specific property, asset, or account involved in this Affidavit.

I declare under penalty of perjury under the laws of the State of [STATE] that the foregoing is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Print Name: [Affiant full legal name]

Address: [Affiant mailing address]