

## AFFIDAVIT AND INDEMNITY

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
("Affiant") (insert name of Affiant) who, being first duly sworn, upon his/her oath states:

1. I am the personal representative of the estate of \_\_\_\_\_ (insert name of decedent) ("Decedent").
2. My official capacity is as \_\_\_\_\_ (administrator, executor, etc.) for the estate of decedent.
3. My social security number is \_\_\_\_\_ (insert).
4. My relationship to decedent is \_\_\_\_\_ (spouse, child, etc.)
5. Decedent's full name is \_\_\_\_\_ (insert).
6. Decedent's social security number is \_\_\_\_\_ (insert).
7. My name is \_\_\_\_\_ (insert name of Affiant), and I live at \_\_\_\_\_ (insert address of Affiant's residence). I am personally familiar with the family and marital history of Decedent, and I have personal knowledge of the facts stated in this affidavit.
8. I knew Decedent from \_\_\_\_\_ (insert date) until \_\_\_\_\_ (insert date). Decedent died on \_\_\_\_\_ (insert date of death). Decedent's place of death was \_\_\_\_\_ (insert place of death). At the time of Decedent's death, Decedent's residence was \_\_\_\_\_ (insert address of Decedent's residence).
9. Decedent's marital history was as follows: \_\_\_\_\_ (insert marital history and, if Decedent's spouse is deceased, insert date and place of spouse's death).
10. Decedent had the following children: \_\_\_\_\_ (insert name, birth date, name of other parent, and current address of child or date of death of child and descendants of deceased child, as applicable, for each child).
11. Decedent did not have or adopt any other children and did not take any other children into Decedent's home or raise any other children, except: \_\_\_\_\_ (insert name of child or names of children, or state "none").
12. (Include if Decedent was not survived by descendants.) Decedent's mother was: \_\_\_\_\_ (insert name, birth date, and current address or date of death of mother, as applicable).
13. (Include if Decedent was not survived by descendants). Decedent's father was: \_\_\_\_\_ (insert name, birth date, and current address or date of death of father, as applicable).
14. (Include if Decedent was not survived by descendants or by both mother and father). Decedent had the following siblings: \_\_\_\_\_ (insert name, birth date, and current address or date of death of each sibling and parents of each sibling and descendants of each deceased sibling, as applicable, or state "none").
15. Decedent died without leaving a written will. (Modify statement if decedent left a written will).

- 16. There has been no administration of Decedent's estate. (Modify statement if there has been administration of decedent's estate).
- 17. The following were the heirs of decedent: \_\_\_\_\_  
(insert names of heirs).
- 18. I have all requisite legal authority to act for, bind and accept payment on behalf of Decedent and all heirs of Decedent on account of claims against the NGC Bodily Injury Trust ("NGCBIT") and hereby agree to indemnify and hold harmless NGCBIT from any loss, cost, damage or expense arising out of or in connection with the rightful claim of any other person or entity to payments with respect to the Decedent's claims against NGCBIT.

Signed this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

Sworn to and subscribed to before me on \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_(insert name of Affiant).

{SEAL}

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_