

AFFIDAVIT- TRUST

The undersigned, being duly sworn, depose and say that:

1. I/We are familiar with the facts relating to the Estate of _____, (the "Decedent") who died on (enter date) _____ in (enter city/state) _____.

➤ A certified copy of the Decedent's death certificate: [**check one**]

is attached hereto -or-

has already been submitted to your office.

2. The Decedent held Policy Number _____ (the "Policy") that was issued by Penn Treaty Network America Insurance Company or American Network Insurance Company (the "Company"), at the time of Decedent's death.

3. Decedent had a trust or died with a Will which provides that, upon his/her death, all of his/her property and assets are to be placed into a trust, and the name of such trust is: _____ dated _____ (the "Trust").

4. I am the Trustee or We are the Co-Trustees of the Trust. As such, I/We hereby request that any Policy payments due to which the Estate is otherwise entitled (the "Policy Proceeds") be paid directly to the Trust and mailed to the Trustee/Co-Trustees at the following address:

Name: _____

Street: _____

City/State/Zip: _____

5. I/We confirm that:

1. All taxes, funeral expenses, debts and claims against the Estate are settled or will be paid by the undersigned; and

2. No person or entity other than the undersigned has any right, title, claim, or interest in the Policy Proceeds.

(Please turn page over and complete reverse side.)

Penn Treaty Network America Insurance Company (In Rehabilitation)
(Penn Treaty Network America Life Insurance Company in California)
American Network Insurance Company (In Rehabilitation)

