

**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 American Independent Network Insurance Company of New York (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.)*

6. The undersigned (joint and severally, if more than one person) hereby expressly agree(s) to indemnify and hold the Company harmless from any and all acts, agreements, causes of action, damages, demands, executions, expenses, fees, investigations, judgments, obligations, rights, and/or suits of every kind and nature, in law or in equity, whether known or unknown, past, present, and future, vested or contingent, and regardless of the legal theory or factual basis involved, for any payment made to the undersigned or at the undersigned's direction, or that the Company may sustain or incur by reason or on account of the contents of this Affidavit or the Company's reliance thereon.

**By signing below, I/We hereby certify that the statements made in this Affidavit are true and correct to the best of my/ our knowledge, information and belief, and that such statements are made subject to the penalty of perjury.**

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**\*\*ALL SIGNATURES MUST BE NOTARIZED.**

**Please sign in front of a notary and attach additional notarial where necessary.\*\***

**SIGNATURE**

**PRINT NAME**

\_\_\_\_\_  
\_\_\_\_\_

**NOTARY PUBLIC**

STATE OF \_\_\_\_\_ )

) ss.

COUNTY OF \_\_\_\_\_ )

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_