

ESTATE AFFIDAVIT

(FOR ESTATES WITH A TOTAL VALUE OF
UNCLAIMED PROPERTY IN THE AMOUNT OF \$5,000 \$10,000 OR LESS)

1. Deceased Owner's Name (the "Decedent"): _____
2. Account Number(s): _____
Amount(s): \$ _____ \$ _____ \$ _____
3. Date of Deceased Owner's Death: _____
4. All funeral expenses, expenses of last illness, and all other lawful claims of Decedent's estate have been paid.
5. I am unaware of any dispute or potential conflict in regard to the estate and/or the will of Decedent.
6. I understand that I shall be personally liable for all lawful claims against the estate of the owner, equal to the value of the property I receive. I also understand that I may be liable for attorney's fees and legal costs if any heir is found legally entitled to the property I receive pursuant to this affidavit.
7. Select either a) or b):

___a) **The Decedent left no will.** No probate proceedings are pending in regard to Decedent's estate. All heirs have amicably agreed upon a division of the estate. Select one of the following:

- ___(1) The heirs are the direct descendants of the decedent.
- ___(2) There are no direct descendants of the decedent. The heirs are the decedent's father and mother, or the surviving father or mother.
- ___(3) The decedent has no direct heirs nor surviving parents. The heirs are the decedent's brothers and sisters or the direct descendants of the deceased brothers and sisters.
- ___(4) Other relationship. Please specify: _____

All persons, who are listed as being entitled to the Decedent's estate before me under the intestacy laws of the state in which the Decedent resided at the time of death, are deceased.

The names and addresses of Decedent's heirs and, the portion of the estate agreed upon by each heir, and the relationship of each heir to the Decedent are identified on the second page of this Estate Affidavit.

___b) **The Decedent left a will.** No probate proceedings are pending in regard to Decedent's estate. An unaltered copy of this will is attached. To the best of my knowledge and belief, this will is Decedent's last will which was signed by the Decedent and the attesting witnesses as required by law, and would be admitted to probate. The names and addresses of the beneficiaries, the portion of the estate, if any, to which each is entitled in accordance with the will, are identified on the second page of this Estate Affidavit.

8. Complete and sign the second page of this Estate Affidavit and attach the proof of identification as required on the claim form.

VERIFICATION

Under penalties of perjury, I declare that I have read this affidavit and that all of the information contained herein is true.

Print Name and Mailing Address	Relationship To Decedent	Age	Portion of Estate
_____	_____	_____	___% \$_____

_____	Signature _____		
	SS# _____		

Print Name and Mailing Address	Relationship To Decedent	Age	Portion of Estate
_____	_____	_____	___% \$_____

_____	Signature _____		
	SS# _____		

Print Name and Mailing Address	Relationship To Decedent	Age	Portion of Estate
_____	_____	_____	___% \$_____

_____	Signature _____		
	SS# _____		

Print Name and Mailing Address	Relationship To Decedent	Age	Portion of Estate
_____	_____	_____	___% \$_____

_____	Signature _____		
	SS# _____		

Print Name and Mailing Address	Relationship To Decedent	Age	Portion of Estate
_____	_____	_____	___% \$_____

_____	Signature _____		
	SS# _____		

Print Name and Mailing Address	Relationship To Decedent	Age	Portion of Estate
_____	_____	_____	___% \$_____

_____	Signature _____		
	SS# _____		

The Department requests social security numbers in order to determine entitlement to unclaimed property pursuant to Section 717.126, Florida Statutes; to safeguard against fraudulent unclaimed property claims; and for the payment of claims. Social security numbers provided to the Department in connection with claims are kept confidential and will not be released as public records.