**STATE OF [INSERT STATE]**

**COUNTRY OF [INSERT COUNTRY]**

**IN THE OF [COURT AND JURISDICTION]**

**AFFIDAVIT OF DEATH**

I, [INSERT NAME], the undersigned, being duly sworn, hereby affirm under penalty of perjury, on the [INSERT DATE], that I am the [Executor] OR [Administrator] OR [Heir] OR [Survivor] of the Estate of [INSERT DECEDENT NAME] (the “Decedent”):

1. The purpose of this affidavit is to secure the transfer or delivery of the Decedents [real property] OR [securities] OR [bank accounts at your financial institutions].
2. [This affidavit is accompanied by a list of the securities owned by the Decedent and a Certificate of Death.]
3. The Decedent, [INSERT DECEDENT NAME] died on the [INSERT DEATH NAME].
4. The place of death was [INSERT DATE].
5. At the time of the death, the Decedents legal residence was [INSERT COUNTRY] of state of [INSERT STATE].
6. The Decedent lived there for [INSERT TIME FRAME] prior to their death and was not a resident of any other State within the USA at that time.
7. The Decedents social security number is [INSERT SOCIAL SECURITY NUMBER].
8. The value of the Decedents estate is subject to probate.
9. All debts incurred by the Decedent, including funeral expenses, have been paid and provided for.
10. I am requesting the transfer or delivery of the items described within this affidavit and the accompanying exhibits.
11. I have served notice on all other successors as per the state laws of [INSERT STATE].
12. This affidavit is accompanied by a list of the [real property], [securities], [bank accounts] owned by the Decedent and a Certificate of Death.

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

**Affiant Signature**

**Printed name:**

**Date:**

**NOTARY OF ACKNOWLEDGEMENT**

State of: [INSERT STATE]

Country of: [INSERT COUNTRY] (**Seal**)

This Affidavit of Death was acknowledged on the [INSERT DATE] by the undersigned, [INSERT UNDERSIGNED NAME], who has satisfactorily proven to me to be the person whose name is subscribed to this document.

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

**Signature**

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

**Notary Public**

**My Commission Expires on the:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_