



## AFFIDAVIT OF SURVIVING CHILDREN

State of _____	County of _____
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I, the undersigned, \_\_\_\_\_, being first duly sworn on oath, depose and say that \_\_\_\_\_ died on \_\_\_\_\_, and at the time of his/her death he/she was survived by the following children.

Name	Address	Social Security Number	Birthdate

In witness whereof, I have hereunto set my hand at \_\_\_\_\_  
(City) (State)  
 this \_\_\_\_\_ day of \_\_\_\_\_.

Affiant's Signature	Street Address
City, State, Zip	Telephone Number with Area Code

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

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