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## AFFIDAVIT OF DEATH

## FOR DISTRIBUTION OF DECEDENT'S PROPERTY

State of Alabama

I, \_\_\_\_\_, being of the legal age of consent, being duly sworn, do depose and state that I wish to claim property of the deceased, \_\_\_\_\_, whose social security number is \_\_\_\_\_ and who was a resident of the state of Alabama at the time of their death on \_\_\_\_\_. The date of death is evidenced by a certified copy of the Certificate of Death, attached hereto.

I am the successor to the decedent's interest in the below described funds held by various banking institutions and no other person has a superior right to the interest of the decedent in the described funds held by various banking institutions.

The value of the decedent's entire estate subject to probate, wherever located, minus liens and encumbrances, is estimated to be \$2 (two US dollars). The appropriate number of days have elapsed since the decedent's death before making this claim for funds. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

All debts of the decedent, including funeral and burial expenses and all unsecured debts, have been fully paid or provided for.

THEREFORE, I am claiming the following portion of the decedent's following funds:

All of the above funds shall be subject to probate.

I have personally served or mailed written notice to all other successors of the decedent

identifying and describing my claim. At least 10 (ten) days have passed since the service and/or mailing of such notice. Thus, I am entitled to full payment and/or delivery of the funds claimed on my behalf.

## Oath or Affirmation of Affiant:

I certify under penalty of perjury under Alabama law that I know the contents of this Affidavit signed by me and that the statements are true and correct to the best of my knowledge.

\_\_\_\_\_, Affiant

Date

:

On this \_\_\_\_\_, \_\_\_\_, before me,

\_\_\_\_\_, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same as for the purposes therein contained.

Notary Public

Title

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

\_\_\_\_\_