

AFFIDAVIT IN LIEU OF DEATH CERTIFICATE

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

S.S.:

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

I, \_\_\_\_\_, currently residing at

\_\_\_\_\_,  
(telephone number: \_\_\_\_\_), being first duly sworn, do hereby depose and say  
as follows:

1. That I am the \_\_\_\_\_ of the insured,  
(Relationship to the insured)

\_\_\_\_\_  
(Name of the insured)

2. That the insured was either employed in the World Trade Center or the Pentagon, or was in such buildings or in their immediate vicinity when the events of September 11, 2001, occurred; or was a crew member or passenger on any of the airline flights involved in the disasters on that date; or was a police officer, firefighter, emergency medical service provider, or rescue volunteer at one of those building sites on that date.
3. That I affirm that I have not seen or heard from the Insured since September 11, 2001, and that barring his or her death, he or she would have been in contact with me directly or indirectly.
4. That I affirm that I am unable to secure a death certificate for the Insured from the Chief Medical Examiner or other appropriate authority at this time.
5. That I understand that the \_\_\_\_\_ life insurance company may secure further information to verify or corroborate my statements herein, relating to these disasters.
6. That I affirm that the statements made herein are true and I make this affidavit under penalties of perjury.

\_\_\_\_\_  
AFFIANT  
Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
NOTARY