

AFFIDAVIT AND INDEMNITY AGREEMENT

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, and \_\_\_\_\_ (hereinafter called "Deponents"), being duly sworn, depose and say:

1. That Deponents, whose mailing addresses are:

\_\_\_\_\_  
\_\_\_\_\_; and  
\_\_\_\_\_;

are over the age of 21 years and are of sound mind.

- 2. That \_\_\_\_\_ is deceased and a certified copy of his/her death certificate is attached hereto.
- 3. That prior to and on the date of the aforesaid deceased, Deponents were the naturally born or legally adopted children of the deceased.
- 4. That by reason of Deponents' statuses as legal children and because of the death of the aforesaid deceased, Deponents have become and are sole, legal, equitable, and unrestricted heirs to the deceased's estate, that estate including insurance policy number \_\_\_\_\_, issued by \_\_\_\_\_ since taken over by Senior Health Insurance Company of Pennsylvania (In Rehab) (hereinafter called "Company") insuring the aforesaid deceased.
- 5. That at this time, there is no other pending rightful claim or disposition of the ownership of said insurance policy, nor has been or can be made, under any will or other testamentary document or expression of the aforesaid deceased, or under any applicable laws of interstate succession, or under any community or marital property laws, or otherwise.
- 6. That no person, firm, or corporation, other than Deponents, has any right, title, claim, equity or interest in, to or respecting: (a) the ownership of the aforesaid insurance policy or (b) the deceased's estate.
- 7. That this affidavit is made and given for the express purpose of inducing Company to rely and act on the statements of Deponents herein and to recognize and deal with Deponents as the sole, legal, equitable, and unrestricted heirs to the deceased's estate, and as such, are entitled to policy rights as heirs of the now deceased owner of the insurance policy.
- 8. Deponents agree at all times: To indemnify and save harmless Company, its affiliates, officers, agents, employees, and their successors and assigns from an against any and all claims, actions, and lawsuits, whether groundless or otherwise, and from and against any and all liabilities, losses, damages, judgments, costs, charges counsel fees, and other expenses of every nature and character arising out of or by reason of the reliance of Company on the statements of Deponents herein and its recognition and dealing with Deponents as the sole, legal, equitable, and unrestricted heirs to the deceased's estate, including the deceased's ownership of the aforesaid insurance policy.

IN WITNESS WHEREOF, Deponent has executed this instrument on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, and being duly sworn, deposes and says that the facts and statements set forth in the foregoing are true to the best of her knowledge, information and belief.

Signature of \_\_\_\_\_  
\_\_\_\_\_ of Deceased

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ ) SS.  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, in and for this state, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared \_\_\_\_\_, to me known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

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

My Commission Expires:

County of Residence:

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_

IN WITNESS WHEREOF, Deponent has executed this instrument on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and being duly sworn, deposes and says that the facts and statements set forth in the foregoing are true to the best of her knowledge, information and belief.

\_\_\_\_\_  
 Signature of \_\_\_\_\_  
 \_\_\_\_\_ of Deceased

**STATE OF** \_\_\_\_\_ )  
 ) **SS.**  
**COUNTY OF** \_\_\_\_\_ )

Before me, \_\_\_\_\_, in and for this state, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared \_\_\_\_\_, to me known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that she executed the same act her free and voluntary act and deed for the uses and purposes therein set forth.

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

My Commission Expires:

County of Residence:

\_\_\_\_\_  
 (SEAL)

\_\_\_\_\_

IN WITNESS WHEREOF, Deponent has executed this instrument on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and being duly sworn, deposes and says that the facts and statements set forth in the foregoing are true to the best of her knowledge, information and belief.

Signature of \_\_\_\_\_  
 \_\_\_\_\_ of Deceased

STATE OF \_\_\_\_\_ )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, in and for this state, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared \_\_\_\_\_, to me known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that he executed the same act his free and voluntary act and deed for the uses and purposes therein set forth.

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

My Commission Expires:

County of Residence:

\_\_\_\_\_  
 (SEAL)

\_\_\_\_\_