

Affidavit of surviving children



P.O. Box 10385, Des Moines, IA 50306-0385

Policy/Contract number(s)		
---------------------------	--	--

State of _____	County of _____
----------------	-----------------

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 _____, _____, this _____ day of _____, _____.
(City) (State)

Affiant's signature

Affiant's address (street, city, state, ZIP)	Phone number
--	--------------

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

Notary Public
My comission expires

Stamp/seal

This form should be completed and returned to the **Claims department** along with the other claim documents.