

NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street - Mount Prospect, IL 60056-3334 - 1.800.344.6273

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AFFIDAVIT TABLE OF HEIRSHIP

To Be Executed By A Member of Decedent's Family

Please type or print the information on this form. All questions must be answered in full as the death benefit is paid on the basis of the completed Table of Heirship form submitted to our office. If additional space is need for items #4, #5 and #6, please use reverse side of this form.

State of _____ County of _____

TO THE NATIONAL CATHOLIC SOCIETY OF FORESTERS:

NAME OF AFFIANT _____ OF CITY, STATE _____

Being first duly sworn deposes and says that he/she is of legal age and under no legal disability and represents as follows:

1. Affiant is related as _____ to _____
RELATIONSHIP MEMBER'S NAME AND COURT NO.

2. Was born to, or legally adopted by said deceased member during his/her lifetime (#) _____ children, including affiant, who is of legal age and under no legal disability.

3. Said member died on _____ day of _____, 20_____.

4. Only the following of his/her children survived him/her:

NAME ADDRESS, CITY, STATE, ZIP DATE OF BIRTH

5. Only the following of his/her children predeceased him/her:

NAME ADDRESS, CITY, STATE, ZIP DATE OF DEATH

6. Said predeceased children mentioned in paragraph #5, left only the following children of their own, that is grandchildren of the deceased:

NAME ADDRESS, CITY, STATE, ZIP DATE OF BIRTH

7. This affidavit is made for the purpose of inducing the National Catholic Society of Foresters, an Illinois Fraternal Society, to distribute the death benefit, upon the death of said member as provided in Section 12.05 of the Constitution.

SUBSCRIBED AND SWORN IN BEFORE ME ON THIS

_____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

SIGNATURE OF AFFIANT

ADDRESS

CITY, STATE, ZIP