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 or someone else.

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 _____
(Name of Insurer)
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