

**WRITTEN DECLARATION UNDER PENALTIES OF PERJURY
of Personal Representative, Executor, Surviving Spouse or Sole Heir**

Your Name: _____

Your Address: _____

Your SSN (last four digits only): _____

Your Status (Circle one): Personal Representative / Executor /
Surviving Spouse / Sole Heir

Decedent Name: _____

Date of Death: _____

Death Certificated Attached (required): _____ Yes _____ No

I certify that:

- The information written above is true and accurate;
- I am legally authorized to receive payments and funds on behalf of the decedent;
and
- I will indemnify and hold harmless persons who rely on this Declaration from
claims by anyone else who asserts rights to receive payments or funds on behalf of
the decedent.

Pursuant to Fla. Stat. § 92.525, under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.

Your Signature

Date: _____