

AFFIDAVIT

(To be stamped as per the Stamp Act applicable to the State)

I/We _____ S/D/O _____

residing at _____ and

_____ S/D/O _____

residing at _____

do hereby make oath*/solemnly affirm and say as follows:

That Shri/Smt./Kum. _____ (Name of the deceased)

hereinafter referred to as "the deceased" died intestate on _____ at

2. That we know the deceased and his/her family since the last _____ years.

3. That at the time of his death the deceased left surviving him/her the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an intestate succession:

Sr. No	Name	Age(yrs)	Relationship with the Deceased
1			
2			
3			
4			
5			
6			
7			
8			

4. That I am not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have we any claim or interest of whatsoever nature in the estate of the deceased.

5. That we are informed and we verily believe that the deceased has left certain deposits*/ assets with the State Bank of India_____Branch, to which the above mentioned persons are entitled to claim.

6. That we are making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the State Bank of India_____Branch, has agreed at our request to make payment of the amount of the deposits/ to deliver the assets to the above mentioned persons without insisting on production by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn*/ solemnly affirmed at this _____ day of _____ in the presence of _____

1. _____

2. _____

*(Delete whichever is inapplicable)

Judge / Magistrate / Notary