Niewinski, et al. v. State Farm Life Insurance Company, et al., United States District Court for the Western District of Missouri

Case Number: 2:23-cv-04159-BP

MUST BE COMPLETED BEFORE RECEIVING SETTLEMENT CHECK

LEGAL HEIR AFFIDAVIT AND INDEMNIFICATION AGREEMENT

I,																		, a cit	tizen of the State/Commonwealth of
], 1	unde	r the	per	alti	es of	f perju	ary, do hereby swear and affirm as follows
	1.	I a	m the										rela	tions	hip] of	Set	tleme	ent Class Member
																			, who died on
] ("	Dec	ced	ent").					
	2.		I am	the or	nly le	gal h	neir 1	to De	eced	ent's	s est	tate	. (Pl	ease	pro	vid	e th	e req	uested information below):
			Fir	st Nam	ne:								1		7				
			Las	st Nam	e:										_				
			Soc	cial Sec	curity 	#:		_											
			Ad	dress:	1	1	l I				_			_	1	7			
						<u> </u>								<u> </u>					
			Cit	y:															
			Sta	te:	ZII	P Coo	de:												
			Tel	ephone	e #: 				_ [

-OR-

I am familiar with all of Decedent's legal heirs. They a	are:
First Name:	First Name:
Last Name:	Last Name:
Social Security #:	Social Security #:
Address:	Address:
City:	City:
State: ZIP Code:	State: ZIP Code:
Telephone #:	Telephone #:
First Name:	First Name:
Last Name:	Last Name:
Social Security #:	Social Security #:
Address:	Address:
City:	City:
State: ZIP Code:	State: ZIP Code:
Telephone #:	Telephone #:

[Please list Decedent's additional legal heirs on Pages 4-5]

- 3. I represent and warrant that the above-named individuals are the legal heir(s) of Decedent and are entitled to receive Decedent's share of the Net Settlement Fund.
- 4. As a term of receiving Decedent's share of the Net Settlement Fund, I agree to indemnify and hold harmless the Parties, including their counsel, the Settlement Administrator, and the Court from and against any loss, liability, cost or expense the Parties, including their counsel, the Settlement Administrator, and the Court may pay, sustain, or incur as a result of the Settlement Administrator's reissuance of Decedent's settlement check in the name of the person(s) listed herein as legal heir(s) of Decedent and/or the Settlement Administrator's distribution of Decedent's share of the Net Settlement Fund to the person(s) listed herein as legal heir(s) of Decedent.
 - 5. I swear and attest that the statements contained in this affidavit are true and accurate.

Signed under penalty of perjury by:		
		Date: MM DD YYYY
Print Name		
Signature		
The following to be filled out by a Notary Public.		
Sworn to before me this	day of	, 20
Notary Public Name		
Signature		_
My Commission expires	, 20	

First Name:	First Name:
Last Name:	Last Name:
Social Security #:	Social Security #:
Address:	Address:
Address.	Nations.
City:	City:
State: ZIP Code:	State: ZIP Code:
	State. Zii Code.
Telephone #:	Telephone #:
First Name:	First Name:
First Name:	First Name:
First Name: Last Name:	First Name: Last Name:
Last Name:	Last Name:
Last Name: Social Security #:	Last Name: Social Security #:
Last Name: Social Security #:	Last Name: Social Security #:
Last Name: Social Security #:	Last Name: Social Security #:
Last Name: Social Security #:	Last Name: Social Security #:
Last Name: Social Security #: Address:	Last Name: Social Security #: Address:
Last Name: Social Security #:	Last Name: Social Security #:
Last Name: Social Security #: Address:	Last Name: Social Security #: Address:
Last Name: Social Security #: Address: City:	Last Name: Social Security #: Address: City:
Last Name: Social Security #: Address:	Last Name: Social Security #: Address:
Last Name:	Last Name:
Last Name: Social Security #: Address: City:	Last Name: Social Security #: Address: City:

First Name:	First Name:
Last Name:	Last Name:
Social Security #:	Social Security #:
Address:	Address:
City:	City:
State: ZIP Code:	State: ZIP Code:
Telephone #:	Telephone #: