ESTATE AFFIDAVIT for NAME/ADDRESS CHANGE REQUEST

After being duly sworn, the Affiant states as follows:

1. My name is _____. I have personal knowledge of the matters set forth in this affidavit, and if called to testify would do so as set forth herein.

2. I am _____ years of age.

3. My current address is _____.

4. I am the sole beneficiary of the estate of * _____.
   (*Insert deceased claimant's name)

5. My relationship to * _____ is _____.

6. I am the sole person who is entitled to any funds resulting from the receivership estate of **Avatar Property and Casualty Company**.

7. My Receivership Claim Number is: _____ **(if not applicable, insert "N/A")**.

8. I agree to allow my name and address to be provided to any subsequent claimants who come forward with proof to claim entitlement to these funds.

9. I agree to hold harmless the Department of Financial Services and the Division of Rehabilitation and Liquidation should subsequent claimants come forward with proof to claim entitlement to these funds.

I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

_____ _____
(Affiant Signature) (Affiant Printed Name)

State of _____

County of _____

Sworn to and subscribed to me by _____

on this _____ day of _____, 20___.

Notary Signature _____