

This form must be executed by all persons entitled to share in the estate.

LETTER OF INDEMNITY

STATE OF )  
COUNTY OF ) ss:  
 )

I or We, the Undersigned, being duly sworn, depose and say that:

(1) I am or We are familiar with the facts relating to the Estate of

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Deceased Date of Death

\_\_\_\_\_ Street Address of Deceased City State Zip Code

The sole surviving heirs-at-law or next-of-kin entitled to share in the estate are:

| Name | Address | Relation to Deceased | Age |
|------|---------|----------------------|-----|
|      |         |                      |     |
|      |         |                      |     |
|      |         |                      |     |
|      |         |                      |     |

| Name | Address | Relation to Deceased | Age |
|------|---------|----------------------|-----|
|      |         |                      |     |

| Name | Address | Relation to Deceased | Age |
|------|---------|----------------------|-----|
|      |         |                      |     |

| Name | Address | Relation to Deceased | Age |
|------|---------|----------------------|-----|
|      |         |                      |     |

(2) None of the above mentioned heirs-at-law or next-of-kin is an incompetent.

(3) The Deceased died

(a) leaving no WILL and that no administrator has been or will be appointed for said estate

(b) leaving a WILL, a true copy of which is attached hereto, and that said WILL has not and will not be probated,

(4) The deceased left assets amounting to:

| Amount in Cash | Amount in Securities | Amount in Real Property | Amount in Other Assets |
|----------------|----------------------|-------------------------|------------------------|
|                |                      |                         |                        |

and that all debts of the Deceased amounted to \$ \_\_\_\_\_.

(5) The Deceased died the owner of (describe type of security, identification number and number of shares, or face value); (hereinafter called "Original", whether one or more) issued by \_\_\_\_\_

Name of Company

(hereinafter called "Issuing Corporation") and registered in the name of:

(6) All taxes, funeral expenses ,debts and claims against the Deceased's estate have been settled or will be paid by the undersigned and no person, firm, association or corporation other than the undersigned has any right, title, claim, equity or interest in, to or respecting the Original or the proceeds thereof.

(7) (a) The undersigned herewith attach the Original and request the Issuing Corporation and its agents to transfer the Original to:

\_\_\_\_\_  
(If security is lost, stolen, misplaced or destroyed, so indicate and complete Paragraph (b), following):

(b) The undersigned represent that the Original has been lost, stolen, destroyed or misplaced under the following circumstances: (If not known, state UNKNOWN) and that said Original (was) (was not) endorsed; (If endorsed, describe form of endorsement and state whether signature was guaranteed. If not known, state UNKNOWN.) and the undersigned make this affidavit for the purpose of requesting and inducing the Issuing Corporation and its agents to issue new securities in substitution or the Original to:

(8) NOW, THEREFORE, in consideration of the Surety Company assuming liability or liability attaching under its Indemnity Bond in favor of the Issuing Corporation and its agents, the undersigned (jointly and severally, if more than one) hereby agree at all times to indemnify and save harmless the Surety Company from and against any and all liabilities, losses, damages, judgments, costs, charges, counsel fees and expenses of every nature and character which they may sustain or incur by reason or on account of assuming liability or liability attaching under its Indemnity Bond.

(9) In the event Original has been lost, stolen, destroyed or misplaced, the undersigned agree that if the Original shall come into their or anyone's hands, custody or power, the undersigned will immediately and without consideration surrender the Original to the Issuing Corporation, its transfer agents, subscription agents, trustees or Surety Company for cancellation.

(10) Signed, sealed and dated: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Sworn to and subscribed before me

\_\_\_\_\_  
Notary Public

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Sign

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Commission Expiration

(ATTACH ADDITIONAL NOTARIALS WHERE NECESSARY)