AFFIDAVIT ABOUT ESTATE OF DECENDENT

STATE OF _____)

COUNTY OF _____)

_____ residing at _____
Your name, as person signing affidavit   *Your home address including city and zip code.*

Being duly sworn, deposed and says:

1.   _____, PARTICIPANT under the Intermountain Ironworkers Trust Fund died leaving no will, and no executor or administrator has been appointed for the decedent's Estate.

2.   The following relative(s) of the decedent were surviving at the time of the decedent's death (use reverse side if space provided is not enough to list surviving relatives- you must include yourself in one of the categories and ALL other heirs to be considered):

	Name	Age	Complete Residence Address
Widow or Widower:	_____	_____	_____
Children of Participant:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Children of Deceased Children:	_____	_____	_____
	_____	_____	_____
Other heirs (relationship)_____	_____	_____	_____
(relationship)_____	_____	_____	_____

The names of ALL HEIRS [including yourself]-at-law of the decedent are listed above. There are no others, who could claim an interest in the estate.

In consideration whereof, the undersigned does hereby covenant and agrees that in the event of any claim or claims, damages, actions or causes of action-at-law or equity presented or prosecuted by or on behalf of any person or persons against the said Fund, its Administrator and/or said policyholder as a result of the payment to the undersigned of any monies to hold and said Fund and its Administrator, free and harmless and to indemnify said Fund and its Administrator for any and all claim and claims, damages, actions or causes of action-at-law or equity that the said Fund, its Administrator and/or policyholder may be called upon to pay or defend as well as all expenses incidental thereto.

_____
Signature of person applying for death benefits

Subscribed and sworn to before me, this _____ day of _____, 20_____.

_____   Affix Notary Stamp below
            Signature of Notary

Address of Notary_____
_____
Notary Public, State of _____
My Commission expires_____