

TIMBER OPERATORS COUNCIL, INC. — I.W.A. PENSION PLAN AND TRUST

Deceased _____ Social _____

This affidavit is to be used only if there is no surviving beneficiary designation by the above named deceased person. The affidavit is to be completed by the deceased's surviving spouse. If there is no surviving spouse the affidavit should be completed in the following order: children of the deceased; parents of the deceased; siblings of the deceased; personal representative of the deceased.

1. Surviving Spouse/Named Beneficiary

I am the surviving spouse/named beneficiary of the deceased.

Name _____ SS# _____

Date of Birth _____

Mailing Address _____

Phone _____

2. Children

The deceased left no surviving spouse and ALL the deceased's children, including deceased and adopted children, are named below:

Name	SS#	Date of Birth	Address	Phone Number
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1. _____	_____	_____	_____	_____
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2. _____	_____	_____	_____	_____
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3. _____	_____	_____	_____	_____
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4. _____	_____	_____	_____	_____
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Continue on second page if necessary.

3. Surviving Parents

The deceased left no surviving spouse or children and the parents of the deceased are:

Name	SS#	Date of Birth	Address	Phone Number
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Mother _____	_____	_____	_____	_____
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Father _____	_____	_____	_____	_____
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4. Siblings

The deceased left no surviving spouse, parents, or children. The deceased's siblings, including deceased siblings are:

Name	SS#	Date of Birth	Address	Phone Number
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1. _____	_____	_____	_____	_____
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2. _____	_____	_____	_____	_____
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3. _____	_____	_____	_____	_____
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4. _____	_____	_____	_____	_____
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5. Personal Representative

The deceased left no surviving spouse, parents, siblings or children. I am the executor or administrator of the estate of the deceased. The Tax Identification Number of the Estate is required.

Name _____ TIN# _____

Phone _____ Address _____

I, _____, residing at _____ (address)
being first duly sworn, depose and state that my relationship to the deceased is _____
and the foregoing is true.

Signature _____ Phone# _____ Date _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 200__.

(seal)

MY COMMISSION EXPIRES _____.

STATE OF _____

COUNTY OF _____

SIGNATURE OF NOTARY PUBLIC OR PLAN REPRESENTATIVE