AFFIDAVIT OF BENEFICIARY

STATE OF HAWAII)
) SS:
CITY AND COUNTY OF HONOLULU)

Comes now, _____whose residence and post office address is _____, and swears and avers as follows:

1. That _____("decedent") died on _____ as evidenced by a certified copy of decedent's death certificate attached hereto;

2. That the gross value of the Probate Estate of decedent in the State of Hawaii does not exceed ONE HUNDRED THOUSAND DOLLARS ($100,000);

3. That no application for the appointment of a Personal Representative for decedent's Estate is pending or has been granted in the State of Hawaii;

4. That Affiant is successor to the decedent. Affiant's relationship to the decedent is as follows: _____.

5. Affiant is therefore entitled to payment of decedent's _____ in accordance with Hawaii Revised Statute Section 560:3-1201.

6. Further Affiant sayeth not.

_____

AFFIANT

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

Print Name:_____
Notary Public, State of Hawaii
My commission expires: _____