

AFFIDAVIT OF HEIRSHIP WHEN BLIND PENSIONER HAS DIED LEAVING  
NO SPOUSE AND NO PROBATE ESTATE HAS NOR WILL BE OPENED

Enter the name and contact information of the person making the declaration in this Affidavit.  
This person is referred to as the "Affiant."

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of deceased blind pensioner: \_\_\_\_\_

My relationship to deceased blind pensioner: \_\_\_\_\_

My address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I am over the age of 18 and have personal knowledge of the following facts:

I knew the deceased blind pensioner, who died on \_\_\_\_\_, 20\_\_.  
No probate estate has been opened and none will be opened.

The decedent had no spouse at the time of death.  
At the time of death, Decedent's sole surviving heirs were:

[List names, relationship to decedent, age, and address for all children, siblings and living parents, if any. If a child of the deceased pensioner has died, indicate date of death and list information for all children of that deceased child of pensioner. Use separate page(s) if necessary.]

The lawyer I have engaged to review and file this claim form for me is (name and address). \_\_\_\_\_.

I agree that when I receive the Blind Pension case payout for the above deceased pensioner, I will distribute the funds to the heirs of deceased in accordance with Missouri's laws of descent and distribution.

After first being duly sworn, the undersigned certifies that the information above and on all attachments is true, accurate and complete as of this date this affidavit is signed.

State of Missouri  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature of affiant

Subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 2018.

My Commission Expires:

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

## LAWYER'S STATEMENT

The undersigned is a lawyer licensed and in good standing to practice law in the state of Missouri. The undersigned has been retained by the claimant named above to assist in preparing and filing the claim of the deceased pensioner for deceased pensioner's share of the settlement in the case of Gerken v. Sherman, 06AC-CC00123-04 in the Circuit Court of Cole County, Missouri.

I have reviewed the information provided by the claimant and discussed with claimant the facts necessary to qualify the claimant to receive and distribute the deceased pensioner's claim. I am confident that claimant is aware of the law of descent and distribution in Missouri as it relates to this claim, and I am confident that claimant will properly distribute the proceeds of this claim when it is received.

[insert name, Bar Number, address, Phone and Email address]