AFFIDAVIT

The undersigned, Beneficiary, being duly sworn, does hereby depose and say that:

He/she is the Beneficiary of the decedent, Deceased Employee, who died _____, 20____, at least 30 days prior to the date of this statement, and is entitled to 100/50/25 percent (%) of the final payment or delivery of the amount of salary and other earnings owed to Deceased Employee by the State of Wyoming at the time of his/her death.

The undersigned further asserts that the value of _____'s entire estate, wherever located, less liens and encumbrances, does not exceed four hundred thousand dollars ($400,000.00); that no will of the decedent has or will be offered for probate, and no assets of the deceased require administration in a court to determine ownership; and that no application for appointment of a personal representative is pending or been granted in any jurisdiction.

Beneficiary _____ _____

Name Social Security Number

_____ _____

Street Address City, State, Zip

State of Wyoming)
) SS
County of _____)

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

Witness my hand and official seal.

_____
Notary Public

My commission expires: