# Lost Policy Affidavit

Insured: Jane Doe

Policy / Certificate Number(s): 0123456789

Insured's Date of Birth: 2/13/1946 Insured's Date of Death: 12/01/12

I certify that policy / certificate number(s) 0123456789 has (have) been lost, and I request Sample Insurance (Insurance Company) to pay the benefits without surrender of the policy / certificate. I certify that I have made a diligent search for the policy / certificate, and I agree that Sample Insurance (Insurance Company) shall be held harmless from any loss resulting from this request.

The undersigned hereby makes claim to said insurance benefits as legal representative of the Insured, and further agrees that the furnishing of this form or any of the forms supplemental thereto by the insurance company shall not constitute nor be considered an admission by it that there was any insurance in force on the Insured in question nor a waiver of any of its rights of defenses.

| Claimant's Signature | Age | Telephone Number |
|---|---|---|
| | 67 | (555 )555-5555 |

| Address | City | State | Zip Code |
|---|---|---|---|
| 12 Sample Rd. | Houston | TX | 00000 |

| Date | Relationship to Insured | Claimant's Social Security No. |
|---|---|---|
| 12/14/12 | Spouse | 123-45-6789 |

STATE OF Houston,
City / County of TX, to-wit:

The foregoing Lost Policy Form was acknowledged before me in my City / County and State aforesaid this 14 day of December, 2012,
by Rita Sample .

Notary Public

My Commission Expires: 12/14/14

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