

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS# \_\_\_\_\_

**THIS FORM MAY BE ONLY BE USED IF:**  
 (1) the face amount of the decedent's bond doesn't exceed \$5,000  
 (2) there has been no administration of the estate

- 1. Check the appropriate box and be sure to attach death certificate.
  - 2. All heirs at law and next of kin must be listed. None may be omitted.
  - 3. Fill in amount
  - 4. Strike out those which do not apply. payment or transfer can be made only to one or more of the heirs listed at item
  - 5. All heirs and next of kin must sign here. If any one of them is a minor, the parent may sign on behalf of the minor
- Each and every signature in the preceding paragraph must be notarized

We, the undersigned, being severally duly sworn, depose and say that:

A. We are fully familiar with the facts relating to the estate of \_\_\_\_\_ who died interstate or will leaving a Will (attach a certified copy). We will attach certified copy of the death certificate showing that death occurred on or about \_\_\_\_\_

B. At the time of death, the decedent was a resident of the State of \_\_\_\_\_ residing at \_\_\_\_\_.

C. We are the only surviving heirs in law and next of kin and beneficiaries under the will of the decedent. Who are entitled to share in the estate and our respective relationships to the decedent and our address are as follows:

NAME	RELEATIONSHIP TO DECEDENT	RESIDENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. None of the foregoing persons has been declared legally incompetent by any court, or has had a representative, committee Or guardian appointed to represent his or her affairs:

E. The assets of the estate of the decedent do not exceed \$ \_\_\_\_\_

F. The funeral expenses and all debts due and owing by the decedent at the time of death have been paid by the undersigned

G. No letters of Administration or Letters Testamentary have been issued by an court and no petition for the appointment of Any personal representative of the issuance of any letters is pending in any court: nor do any of the undersigned intend To file such petition or know of any intention on the part of any one else to file such petition.

H. The undersigned make this affidavit for the purpose of inducing the State of Israel, through The Bank of New York, fiscal Agent to

Transfer and Re-Register in the name of \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

OR

Purchase and make payment therefore to \_\_\_\_\_  
 Address \_\_\_\_\_

OR

Pay the maturity value to \_\_\_\_\_  
 Address \_\_\_\_\_

Type of Bond (Savings, Coupon Other)	Issue Amount	Serial Nos.	ISSUE: (Write in name of Issue: Whether Reconstruction and Fifth Development or other )
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. The undersigned jointly and severally agree to indemnify and hold harmless The Bank of New York. The Bank of New York as Fiscal Agent and Development Corporation of Israel, their successors and assigns from and against any and all Liability, loss, and damage or expense in connection with or arising out of his transfer, purchase, or redemption.

\_\_\_\_\_  
 \_\_\_\_\_ L.S. \_\_\_\_\_ L.S.  
 \_\_\_\_\_ L.S. \_\_\_\_\_ L.S.  
 \_\_\_\_\_ L.S. \_\_\_\_\_ L.S.

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS# \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ before me personally appeared , \_\_\_\_\_

to me known and known to me to be the persons described in and who executed the foregoing instrument , and they there upon acknowledge to me that they executed the same.

Notarial Seal

**STATE OF ISRAEL SMALL ESTATE AFFIDAVIT AND INDEMNITY FORM**