

AFFIDAVIT OF EXECUTOR

Name of Decedent:	(please print or type)
I hereby certify that I am the duly appointed I above, and in such capacity I further state and	Executor of the Estate of the Decedent named d certify as follows:
(1) The decedent died on or after(2) The gross estate of the Decedent d	and oes not necessitate a federal estate tax filing.
The foregoing certification is made as of the dhereby subscribed to by me under the pains a	
	eccedent named above, hereby indemnifies and idavit from any loss or injury resulting from the as contained in this Affidavit.
Executor Signature Date	
Executor Name	(please print or type name)
Executor Address_	
Commonwealth of Virginia City/County of, to-wit	:
Sworn and subscribed to before meday ofname is printed above and who has been	this , 20 by the person whose
name is printed above and who has bee	en proven to be the Executor.
Ī	Notary Public
My Commission Expires:	-
My Commission Number:	