



# Affidavit

500-5000 Yonge Street  
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CANADA  
PROVINCE OF \_\_\_\_\_

COUNTY (or district) of \_\_\_\_\_

I/WE, \_\_\_\_\_ the person(s) executing this affidavit,  
herein called Affiant(s), do severally make oath and say that:

**1** \_\_\_\_\_, herein called the Decedent, who resided at \_\_\_\_\_  
died on DD / MM / YYYY.

**2** The Decedent did not leave a Will, and no executor or administrator has been or will be appointed for the Decedent's estate.

**3** The only surviving heir(s) of the Decedent's immediate family (spouse and children) is/are listed below:

NAME	RELATIONSHIP	AGE	ADDRESS

**4** All debts of the Decedent including funeral expenses, medical and hospital bills and all other debts of whatever nature have been paid.

**5** The Affiant(s) is/are the only person(s) having an interest in the property of the Decedent, which property includes  
Policy no. \_\_\_\_\_ issued or assumed by *ivari* on the life of \_\_\_\_\_.

**6** This Affidavit is made to induce *ivari* to recognize the Affiant as the owner of Policy no. \_\_\_\_\_  
and to permit such Affiant to exercise all rights under this policy. The Affiant(s) hereby request(s) that such policy be transferred or  
assigned to the Affiant \_\_\_\_\_.

**7** The Affiant(s) hereby irrevocably and unconditionally covenant and agree, at all times, promptly to indemnify and save harmless  
*ivari* and its affiliates and their respective successors and assigns (*ivari* and such affiliates, successors and assigns being collectively  
referred to as the "Indemnitees"), and each of them, from and against any and all claims, demands, actions, causes of action,  
liabilities, losses, damages, costs and expenses whatsoever (including, but not limited to, legal and investigation fees and  
disbursements), which may be made or brought against any of the Indemnitees or which any of the Indemnitees may suffer or incur  
based upon, arising out of or in any way connected with (a) any misrepresentation contained in this Affidavit, (b) any reliance made  
by any of the Indemnitees on any statement made in this Affidavit, or (c) any compliance by any of the Indemnitees with any request  
contained in this Affidavit or otherwise submitted by any Affiant(s) in connection with the said policy. If more than one Affiant signs  
this Affidavit, the obligations of such Affiants under this paragraph shall be joint and several.

SEVERALLY SWORN before me at the \_\_\_\_\_ of  
\_\_\_\_\_, in the \_\_\_\_\_ of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
Signature of first Affiant

\_\_\_\_\_  
Signature of second Affiant

Commissioner for Taking Affidavits.

\_\_\_\_\_  
Signature of third Affiant

or

\_\_\_\_\_  
Signature of fourth Affiant

A Notary Public in and for the province of \_\_\_\_\_.

\_\_\_\_\_  
Signature of fifth Affiant

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