

# AFFIDAVIT OF DUE DILIGENCE

\_\_\_\_\_  
Affiant's Title

IC# \_\_\_\_\_

\_\_\_\_\_  
Affiant's Printed Name

\_\_\_\_\_  
Name of Decedent

\_\_\_\_\_  
Name of Surety/Adjuster

\_\_\_\_\_  
Date of Death

1. I make this Affidavit based upon personal knowledge and upon documents and information within my access and control as part of my day-to-day business duties.
2. I am an agent of Surety/Adjuster, and as such I am authorized to make the statements contained in this Affidavit.
3. I am making this Affidavit in support of our determination of dependency pursuant to Idaho Code Section 72-420.
4. I have conducted a due and diligent search to locate dependants of Decedent.
5. I have examined the records and documents in my control and have conducted a reasonable investigation to find any available dependants.
6. To the best of my information and belief, Decedent had no surviving dependants.

Further Your Affiant Sayeth Not

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

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\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires on \_\_\_\_\_