

Affidavit of Trustee

I, _____ (Trustee), am the duly appointed Trustee for the _____ (Title of the Trust), and I accept fiduciary responsibility for the distribution of any SF-DCT payments to the Trust and/or estate heirs.

Trustee

SWORN TO and SUBSCRIBED BEFORE ME by the above Trustee, this _____ day of _____, 20_____.

Notary Public, State of _____

Notary's Printed Name:

My Commission Expires: _____

Check the box that applies:

- An original, certified copy of the above-named claimant's death certificate is attached, and I request that you return the original, certified copy to me.
- An original, certified copy of the above-named claimant's death certificate is attached to be kept in the claimant's SF-DCT file.
- An original, certified copy of the claimant's death certificate was previously submitted to the SF-DCT.