

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING, INSURANCE AND FINANCIAL REGULATION**

AFFIDAVIT

PAYMENT OF CERTAIN DEBTS WITHOUT ADMINISTRATION

Pursuant to Section 89, Title 15 of the Virgin Islands Code

I/WE, _____, after being first duly sworn, depose and state that:

1. Name of the decedent: _____
2. The date of death of the decedent: _____
3. The relationship of the affiant to the decedent: _____
4. That no executor or administrator has qualified or been appointed;
5. The names and addresses of the persons entitled to and who will receive the money paid; and

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____

6. That such payment and all other payments made, by all debtors, known to the affiant, after diligent inquiry, do not in the aggregate exceed such amount of \$10,000 as provided by regulation promulgated by the Lieutenant Governor of the Virgin Islands.

_____ Date: _____
Claimant's Signature

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Notary Public
NP# _____
Expires: _____