

SURVIVING HEIRS ATTESTATION



1. Decedent Information

DECEDENT NAME	(BECU USE ONLY) Person #
DECEDENT SOCIAL SECURITY NUMBER (SSN) / TAXPAYER ID NUMBER (TIN)	

2. Decedent's Succession Information

Select the applicable box.

There is a surviving spouse (complete section 1, 2, 3, and 6).

There is no surviving spouse, but there are surviving children (complete sections 1, 2, 4, and 6).

There is no surviving spouse and no surviving children, but there is a legally appointed Personal Representative or Executor of the Estate. Letters Testamentary are attached (complete sections 1, 2, 5, and 6).

There is no surviving spouse and no surviving children, and no petition or application for probate pending or granted in any jurisdiction, but a surviving heir has completed a Small Estate Settlement by Affidavit. The Small Estate Affidavit is attached (complete sections 1, 2, 5, and 6).

3. Surviving Spouse Information

The name and address of the spouse **who is alive on the day after** the IRA account owner's death must be listed below.

PRINT NAME		DATE OF BIRTH		
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

4. Surviving Children Information

The names and addresses of **all children who are alive on the day after** the IRA account owner's death must be listed below.

Surviving Child (1)

PRINT NAME		DATE OF BIRTH		
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Surviving Child (2)

PRINT NAME		DATE OF BIRTH		
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Surviving Child (3)

PRINT NAME		DATE OF BIRTH		
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Surviving Child (4)

PRINT NAME		DATE OF BIRTH		
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Surviving Child (5)

PRINT NAME		DATE OF BIRTH		
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

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Surviving Child (6)				
PRINT NAME			DATE OF BIRTH	
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Surviving Child (7)				
PRINT NAME			DATE OF BIRTH	
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

5. Executor or Small Estate Settlement Affiant Information				
PRINT NAME			DATE OF BIRTH	
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
ATTACHED				
<input type="checkbox"/> Letters Testamentary/Letters of Administration		<input type="checkbox"/> Small Estate Settlement by Affidavit		

6. Signatures				
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements made in this attestation are true and correct, and it is executed at the place and on the date indicated below.				
FULL NAME				
RELATIONSHIP TO DECEDENT				
<input type="checkbox"/> Surviving spouse				
<input type="checkbox"/> Surviving child				
<input type="checkbox"/> Executor				
<input type="checkbox"/> Small estate affiant				
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
DATE	PLACE OF SIGNATURE		SIGNATURE	