

QUESTION 6 - If the decedent was married previously, give the name or names of the former husband or wife, and state whether marriage(s) ended in death or divorce by providing the date of said death or divorce in the space provided.

Name _____ Deceased _____ Divorced _____

QUESTION 7 - On the blank lines below, give the legal names and places of residence of all children (**biological and/or adopted**) who **survived** decedent, together with the other information requested:

Name of Child	Date of Birth	Address (Street, City, State, Zip)	Name of Father and Mother
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

QUESTION 8 - Give the names of any children (**biological and/or adopted**) who **predeceased the decedent**, together with the other information called for, and list under Question 9 the children of any such predeceased persons:

Name of Child	Date of Birth	Date of Death	Name of Father and Mother
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

QUESTION 9 - Give the legal names of any children (**biological and/or adopted**) of any **predeceased son or daughter** of the decedent, together with the information called for:

Name of Child	Date of Birth	Address (Street, City, State, Zip)	Name of Father and Mother
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

QUESTION 10 - If the decedent left no **(biological or adopted)** children or grandchildren, then give below the names of any surviving father, mother, brothers, sisters, and **(biological or adopted)** children of deceased brothers or sisters, together with other information called for:

Name	Relationship	Age	Address if living or date of death, if deceased	Parents Name
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

QUESTION 11 - Did the decedent leave any unpaid debts?

Yes _____ No _____

If yes, give, as nearly as possible, the amount of such debts, and whether they have since been paid.

Answer: _____

Signature of Affiant

State of _____)
) ss.
 County of _____)

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

My Commission Expires _____

Notary Public

RETURN FORM TO: Countrymark Refining and Logistics, LLC
Attn: Division Order Department
6701 Lower New Harmony Road
Mount Vernon, IN 47620

Disclaimer

Countrymark Refining and Logistics, LLC is relying upon the information in this Affidavit to make distribution of funds. Providing incomplete or incorrect information may delay payment or cause payment to be made incorrectly which is the responsibility of the Affiant.

Form Revised 7/20/2020