



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation  
[www.floridainsurancereceiver.org](http://www.floridainsurancereceiver.org)

**ESTATE AFFIDAVIT for NAME/ADDRESS CHANGE REQUEST**

After being duly sworn, the Affiant states as follows:

1. My name is \_\_\_\_\_. I have personal knowledge of the matters set forth in this affidavit, and if called to testify would do so as set forth herein.
2. I am \_\_\_ years of age.
3. My current address is \_\_\_\_\_.

**(\*Insert deceased claimant's name)**

4. I am the sole beneficiary of the estate of \* \_\_\_\_\_.
5. My relationship to \* \_\_\_\_\_ is \_\_\_\_\_.

**(\*Insert Receiver Claim Number and name of Receivership Company from the request form)**

6. I am the sole person who is entitled to any funds resulting from receivership id# \* \_\_\_\_\_ in the estate of (not deceased individual)  
\* \_\_\_\_\_.
7. I agree to allow my name and address to be provided to any subsequent claimants who come forward with proof to claim entitlement to these funds.
8. I agree to hold harmless the Department of Financial Services and the Division of Rehabilitation and Liquidation should subsequent claimants come forward with proof to claim entitlement to these funds.

I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Affiant Signature) (Affiant Printed Name)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed to me by \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature \_\_\_\_\_