

AFFIDAVIT OF TWO DISINTERESTED PERSONS

That WE, (Name of Affiant) and (Name of Affiant), of legal ages, Filipino, (married/single) and residents of (Address of Affiants) after having been duly sworn to in accordance with law hereby depose and say:

That we personally know the late (Name of Insured), being (Friends/acquaintances/neighbors/classmates/officemates) for a long period of time.

That we declare and certify that (Name of the Insured), (Age), (Gender), (Status) was born on (Birth Date of the Insured) at (Address of the Insured) and died last (Date death of the Insured).

That he/she has been using the said information in all his/her pertinent documents and transaction since childhood.

That we are not related in any way, either by consanguinity or affinity, to the said (Name of Insured);

As such, we execute this Joint Affidavit to attest to the truth of the foregoing facts and for any other legal purpose that this Affidavit may serve.

IN WITNESS WHEREOF, we have hereunto set our hands this ___th day of (Month) 2015 at (Address).

Signature and Printed Name
Affiant

Valid ID: _____

Vaid ID No: _____

Signature and Printed Name
Affiant

Valid ID: _____

Vaid ID No: _____

SUBSCRIBED AND SWORN, before this ___th day of (Month), 2015 at (Address), affiants exhibiting their Valid IDs indicated below their names.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2015 _____

Notary Public

Not Valid
Without Dry Seal

Note: A mark, erasure or alteration of any entry invalidates this certification.