

Northern Minnesota-Wisconsin Area Retail Food Health & Welfare Fund

Affidavit of Survivorship

STATE OF:

SS:

COUNTY OF:

_____, being duly sworn, says:

I am / We are the nearest sole surviving relative(s) of

_____, who was under the
DECEDENT

Northern Minnesota-Wisconsin Area Retail Food Health & Welfare Fund.

At the time of death the decedent, _____, was
NAME
survived by no spouse, no child or children, no parent or parents and no brothers or sisters other than person(s) named in this affidavit.

Name(s)	Relationship	Date of Birth

SIGNATURE

Sworn to before me this

_____ day of _____, 20_____.

NOTARY PUBLIC