

## **NMI SETTLEMENT FUND**

POST OFFICE BOX 501247, SAIPAN, MP 96950

## **AFFIDAVIT OF SURVIVING SPOUSE**

I,	davit declaring th CNMI, and as p	at I am the	e widow/ ubmit th	widower o is Affidavi	of decease t, as decla	d NMI ration
I hereby submit this Affidavit on the of perjury.	he day	of		, 20	_ under p	enalty
Name of Deceased Member: Name of Surviving Spouse: Signature of Surviving Spouse:  CERTIFICATE OF ACK				PUBLIC		
Country/State:						
City/County:						
On this day of a Notary Public in and for , known	the said	state/c	ountry,	persona	ally app	eared
whose name is subscribed to the within insame in his/her authorized capacity and the entity upon behalf of which the person according to the control of the person according to the person according t	strument, and ac nat by his/her sig	cknowledg gnature on	ed to me the insti	that he/s	he execut	ed the
IN WITNESS WHEREOF, I have unto	set my hand an	d affix my	official s	eal.		
			NOTARY	' PUBLIC		
(NOTARY SEAL)	Notary Public	of the Stat	te/Count	y of		
	My commission	on expires				
					SF-8 (REV. 8	3/2016)

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