

AFFIDAVIT FOR SURVIVING RELATIVE

STATE _____]
]
COUNTY OF _____]

SS: _____

That I, _____ , am the * _____
of _____ who is deceased and make the attached
request pursuant to 10 C.F.R., Section 1008.

That the information contained on the attached request is true and correct
to the best of my knowledge and belief, and I am signing this authorization
subject to the penalties provided in 18 U.S.C. 1001.

* Indicate relationship

SIGNATURE

NOTARIZATION:

SUBSCRIBED and SWORN to before me
this _____ day of _____ , 20_____

NOTARY PUBLIC