SUSPICIOUS DEATH AFFIDAVIT PURSUANT TO G.L. c. 190B, § 2-803	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

Estate of:

First Name _____ Middle Name _____ Last Name _____

Date of Death: _____

_____ **Division**

1. I hereby certify that, except as noted in paragraph 3 below, none of the following: The Personal Representative named in the Will, the Special Personal Representative whose appointment is sought, the person(s) who has requested to be appointed or been proposed as a Personal Representative or, any person proposed to replace the Personal Representative who has resigned or been removed, did feloniously and intentionally kill the Decedent.

2. I hereby certify that, except as noted in paragraph 3 below, no person who is entitled to a share in the estate either under the Will itself or by operation of law, by descent or distribution, elective share, omitted spouse or child's share, exempt property, family allowance or through a share of the Decedent's property as a joint tenant or tenant by the entirety, did feloniously and intentionally kill the Decedent.

3. Indicate the name(s) of the person(s) described in the preceding paragraphs who has charges pending, is under indictment, has been charged or convicted of any of the crimes listed in connection with the death of the Decedent:

   Name: First Name _____ M.I. _____ Last Name _____

click to add | click to remove

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date _____

_____
Signature of Petitioner

_____
(Print name)

_____ (Address) _____ (Apt, Unit, No. etc.)

_____ (City/Town) _____ (State) _____ (Zip)

Primary Phone # _____

Date _____

_____
Signature of Co-Petitioner (if applicable)

_____
(Print name)

_____ (Address) _____ (Apt, Unit, No. etc.)

_____ (City/Town) _____ (State) _____ (Zip)

Primary Phone # _____

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