

AFFIDAVIT OF ENTITLEMENT TO RECEIVE SETTLEMENT FUNDS ON BEHALF OF CLAIMANT

Claimant Information (Deceased, Minor, or Incompetent)	
Full Name (Person/Business/Entity):	
Social Security Number (person) or Tax ID Number (entity/business):	
Date of Birth:	Date of Death (if applicable):
Claim Number (if known):	

Claimant Representative Information <i>(Note: Each Claimant Representative must complete a separate affidavit)</i>		
Representative Capacity (i.e., legal guardian, successor/heir, power of attorney, estate/property administrator, etc.):		
Name of Claimant Representative:		
First:	MI:	Last:
Present Mailing Address (Number and Street):		
City, State, Zip:		
Social Security Number/ Federal ID Number:		
Date of Birth:		
Email Address of Representative:		
Phone Number of Representative:		

Required Documentation <i>(Note: Provide all applicable items listed. Please send copies only.)</i>
A copy of the death certificate (if representing a deceased claimant)
A copy of the birth certificate (if representing a minor claimant)
A legible copy of your current driver's license (front and back) or other valid forms of ID
A copy of appropriate court/probate records naming all heirs or establishing your authority (i.e. Power of Attorney, etc)

AFFIDAVIT AND INDEMNITY AGREEMENT	
State of _____ Parish/County of _____	
Affidavit: The above named claimant representative, hereinafter referred to as "representative," must sign this form below. If the representative is a corporation, this form must be executed by an executive officer of a public corporation (i.e. CEO, CFO, etc), or an officer of a private corporation or unincorporated association. If the representative is a partnership, this claim must be executed by a partner. The representative hereby declares, agrees and certifies that his/her/their claim to this property is valid and just as the rightful owner or fiduciary thereof, that there are no outstanding conveyances, transfers, liens or encumbrances affecting the ownership of the property, that all statements herein are true and correct, and that by the execution of this Affidavit and upon payment of this claim, said representative shall, and by these present agrees and binds himself or herself to, fully and completely indemnify and hold harmless the Claims Administrator and/or Court Appointed Disbursing Agent from any other claims to the property and/or from any loss and expenses, including attorneys fees, resulting or arising from payment of the claim.	
_____ Signature of Representative	
Sworn and subscribed before me this _____ day of _____, _____.	
_____ Printed name of Notary Public/ Notary No.	_____ Signature of Notary Public

Please return completed forms and copies of requested documents to:

LA Farm Bureau Claims Administrator
P.O. Box 341
Baton Rouge, LA 70821