

AFFIDAVIT AS TO EXPENSES OF DECEDENT

STATE OF _____)
COUNTY OF _____) ss

ON this _____, before me personally appeared

To me personally known, who being by me duly sworn on oath did say that Affiant is a Seller of the following property:

And the said property was formerly owned by, _____, (“Decedent”);

And that Decedent has died on the _____;

And that Decedent has never received any Medicaid payments.

And that all funeral expenses for Decedent, as well as all expenses of the last illness of Decedent, including nursing home expenses, if any, have been fully paid and satisfied.

This affidavit is being furnished to induce Hillsboro Title Company, as agent for

_____ (the “Company”), to issue its title policy or policies without exception as to Medicaid liens, or liens relating to expenses of the last illness of Decedent, and Affiant is executing this affidavit with full knowledge that the Company will be relying on the facts stated herein for issuance of the same.

Subscribed and sworn to before me the day and year first above written.

Notary Public

My term expires: