



## Waiver of Probation

(Must be executed by all persons entitled to share in estate)

### LETTER OF INDEMNITY

STATE OF \_\_\_\_\_ )

) ss:

COUNTY OF \_\_\_\_\_ )

I or We, the Undersigned, being duly sworn, depose and say that:

1) I am or We are familiar with the facts relating to the Estate of \_\_\_\_\_,

Deceased; said Deceased died on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

at (give city or town and State) \_\_\_\_\_; the sole surviving heirs-at-law or next-of -kin entitled to share in the estate are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Deceased: \_\_\_\_\_

Age: \_\_\_\_\_

2) None of the above mentioned heirs-at-law or next-of-kin is an incompetent.

3) The Deceased died and either: (**circle A or B**)

A) leaving no WILL and that no administrator has been or will be appointed for said estate.

B) leaving a WILL, a true copy of which is attached hereto, and that said WILL has not and will not be probated.

4) The deceased left assets amounting to \$ \_\_\_\_\_,

consisting of cash \$ \_\_\_\_\_, securities \$ \_\_\_\_\_,

real property \$ \_\_\_\_\_, and other assets \$ \_\_\_\_\_,



and that all debts of the Deceased amounted to \$ \_\_\_\_\_.

5) The Deceased died the owner of (describe type of security, identification number and number of shares, or face value); \_\_\_\_\_

(hereinafter called "Original", whether one or more) issued by: \_\_\_\_\_

(hereinafter called "Issuing Corporation") and registered in the name of: \_\_\_\_\_

6) All taxes, funeral expenses, debts and claims against the Deceased's estate have been settled or will be paid by the undersigned and no person, firm, association or corporation other than the undersigned has any right, title, claim, equity or interest in, to or respecting the Original or the proceeds thereof.

7) A) The undersigned herewith attach the Original and request the Issuing Corporation and its agents to transfer the Original to: \_\_\_\_\_

*(If security is lost, stolen, misplaced or destroyed, so indicate and complete Paragraph b, following):*

B) The undersigned represent that the Original has been lost, stolen, destroyed or misplaced under the following circumstances: (If not known, state UNKNOWN.)

\_\_\_\_\_

and that said Original (was) (was not) endorsed; (If endorsed, describe form of endorsement and state whether signature was guaranteed. If not known, state UNKNOWN.)

\_\_\_\_\_

and the undersigned make this affidavit for the purpose of requesting and inducing the Issuing Corporation and its agents to issue new securities in substitution or the Original to:

\_\_\_\_\_

8) NOW, THEREFORE, in consideration of the **Traveler Casualty & Surety Company of America; Bond Number 105167382 with Worldwide Stock Transfer, LLC** assuming liability or liability attaching under its Indemnity Bond in favor of the Issuing Corporation and its agents, the undersigned (jointly and severally, if more than one) hereby agree at all times to indemnify and save harmless the **Traveler Casualty & Surety Company of America; Bond Number 105167382 with Worldwide Stock Transfer, LLC** from and against any and all liabilities, losses, damages, judgments, costs, charges, counsel fees and expenses of every nature and character which they may sustain or incur by reason or on account of assuming liability or liability attaching under its Indemnity Bond.



9) In the event Original has been lost, stolen, destroyed or misplaced, the undersigned agree that if the Original shall come into their or anyone's hands, custody or power, the undersigned will immediately and without consideration surrender the Original to the Issuing Corporation, its transfer agents, subscription agents, trustees or Traveler Casualty & Surety Company of America for cancellation.

10) Signed, sealed and dated: \_\_\_\_\_, 2\_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(ATTACH ADDITIONAL NOTARIALS WHERE NECESSARY)



WAIVER OF PROBATE OR ADMINISTRATION  
ASSUMPTION OF LIABILITY: \$ \_\_\_\_\_

In any case involving transfer, in the absence of probate or administration, of registered securities on the day the required Statement/Affidavit of Loss in the form attached hereto is forwarded to the person making the request for transfer, liability shall attach hereunder upon receipt by Obligee of a Statement/Affidavit of Loss duly executed by the distributees of the deceased registered owner, together with proof of death of the registered owner, tax waivers or proper documents in lieu thereof.

---

Effective Date: January 17, 2008

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of this bond other than as above stated.

Attached to and forming part of Bond No.105167382, issued to Worldwide Stock Transfer, LLC. In Witness Whereof, Travelers Casualty and Surety Company of America has caused this instrument to be executed by its officers or agents duly authorized thereunto, this 22nd day of May 2008, .

Travelers Casualty and Surety Company of America

By: \_\_\_\_\_  
Carmella Brancato, Attorney-in-Fact  
Travelers Casulty & Surety Company of America  
485 Lexington Ave; Sixth Floor  
New York, New York 10017  
[cbrancato@travelers.com](mailto:cbrancato@travelers.com)