

To: DALE & HUFFMAN
Post Office Box 277
Bluffton, Indiana 46714
Telephone: 260/824-5566
OR 1-800-391-1820

Fax No. 260-824-8855

Re: Decedent: _____

Date of death: _____

Soc. Sec. #: _____

An examination of the Bank's records reveals that the referenced decedent, as of the indicated date of death, had an interest, either solely or in conjunction with another person, in the following: (if in conjunction with another person, please indicate whether (1) signature authority, (2) deputy, (3) tenant in common, or (4) joint tenant with the right of survivorship -- and in all cases, please indicate exact name(s) by which held)

1. Safe Deposit Box:

_____ None

_____ Box No. _____ held by: _____

(please furnish copy of both sides of box rental agreement)

2. Checking Accounts:

_____ None

_____ Account No. _____ held by: _____

(please furnish copy of both sides of signature card)

Date of death balance \$ _____. If interest bearing, indicate amount of interest accrued to date of death from date last paid or credited prior to death: \$ _____

Present balance: \$ _____ (date: _____)

_____ Account No _____ held by _____

(please furnish copy of both sides of signature card)

Date of death balance \$ _____. If interest bearing, indicate amount of interest accrued to date of death from date last paid or credited prior to death: \$ _____

Present balance: \$ _____ (date: _____)

3. Savings Accounts:

_____ None

_____ Account No. _____ held by: _____

(please furnish copy of both sides of signature card)

Date of death balance \$_____. Amount of interest accrued to date of death from date last paid or credited prior to death: \$_____

Present balance: \$_____ (date:_____)

_____ Account No. _____ held by: _____

(please furnish copy of both sides of signature card)

Date of death balance \$_____. Amount of interest accrued to date of death from date last paid or credited prior to death: _____

Present balance: \$_____ (date:_____)

4. Certificates of Deposit:

_____ None

Certificates of Deposit as follows:

(a) Number	(b) Name (s) & wording in which subscribed at date of death (i.e. - "John Doe & Mary Doe, joint tenants with right of survivorship")	(c) Issue Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

(d) Date of Death Amount (exc. accrued interest)	(e) Present Interest Rate	(f) Maturity Date	(g) Amount of Interest Accrued to Date of Death From Date Last Paid Or Credited Prior to Death	(h) Date Interest Last Paid or Credited Prior to Death
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

5. Other Accounts: (i.e., Christmas Club, etc.)

_____ None

_____ Account No. _____ held by: _____

(please furnish copy of both sides of signature card)

Date of death balance \$_____. Amount of interest accrued
to date of death from date last paid or credited prior to death: \$_____

Present balance: \$_____ (date:_____)

6. Escrows: (indicate full details)

_____ None

_____ We are Escrow Agent for the following matter:

7. Liabilities: (as of indicated date of death - state both principal balance and accrued interest)

_____ None

_____ Decedent was indebted to this Bank as follows:

Yours very truly,

(Bank's name)

Date: _____

By:_____
(signature)

(printed name and title)

(telephone no.)

(ext.)