OWNER #

AFFIDAVIT OF SOLVENCY

STATE OF _____)
) ss.
COUNTY OF _____)

PERTAINING TO THE SOLVENCY OF THE

ESTATE OF _____

_____, being of lawful age, and being first duly sworn upon oath before me, a Notary Public in and for the foregoing County and State, deposes and says:

that as _____
(State relationship to deceased, or capacity, such as attorney, administrator, executor, etc., in relation to the estate of the deceased.)

affiant is familiar with the financial status of the estate of the said deceased; that said estate contains sufficient assets to pay all claims heretofore filed; or which may (to the knowledge of the affiant) be filed against said estate, without recourse to sale of real estate, or to the proceeds from the sale of oil and gas produced therefrom, for the payment of such claim.

Further affiant sayeth not.

_____
Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20____.

_____
Notary Public

My commission expires:

_____