## Affidavit of Foreign Personal Representative Checklist



#### Please use this form ONLY if

- 1. The DCU Member is deceased and did NOT live in Massachusetts or New Hampshire at the time of their death: AND
- 2. You are relying on probate documents from a jurisdiction other than Massachusetts or New Hampshire.

### To complete this process, please follow these steps:

- 1. Complete the Affidavit of Foreign Personal Representative form in its entirety. Incomplete or unnotarized forms will delay processing of your request.
- 2. Return your completed and notarized form by one of the following ways:
  - Email to dne@dcu.org
  - b. Mail to:

**Digital Federal Credit Union** 

Membership Maintenance PO Box 9130 Marlborough, MA 01752-9130

### What you can expect

- If received by mail: Allow 2 weeks for your request to be processed
- If received by email or fax: Once your request is received it will be processed within 48 business hours

# Affidavit of Foreign Personal Representative



state of	(the "Decedent")	
ecedent's DCU Member Number:		
Name	er the age of 18 and the	Relationship
the Decedent, and I do hereby state from r	my personal knowledge that:	
The decedent was <b>NOT</b> a resident of Massachi The date of the death of the decedent is		
There is no formal or informal testate or intesta pertaining to the decedent, and there is also no		= :
neck as applicable:		
I am the surviving personal representative app and domiciled at the time of their death, and a property.		
OR		
There is no personal representative appointed domiciled at the time of their death, and I am the personal representative appointed for jurisdiction where the Decedent resided and v was the first commenced, and No proceedings are pending for appointment Decedent resided or was domiciled, and as su property.	r the Decedent in a jurisdiction other the vas domiciled at the time of their death of a personal representative in any con	han Massachusetts or the h, and that appointment proceeding urt in the jurisdiction where
GNED UNDER THE PENALTY OF PERJUI	RY	
ertify under the penalties of perjury that the y knowledge.	e foregoing statements are true an	nd correct to the best of
	Signature of Person Completing Affidavit	
te		
	Printed Name of Person Completing Affidavit	
rate (Commonwealth) of	, county of _	
nis instrument was acknowledged before m	ne on by	Person Signing Above
y Commission Expires		
ffix Seal, if any	Signature of Notarial Officer /	Title