

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of: _____)
_____)
_____)
_____)
_____)
Deceased _____)
_____)

CASE NO. _____

**AFFIDAVIT IN SUPPORT OF
PETITION FOR ORDER AUTHORIZING
DISPOSITION OF UNCLAIMED BODY
(UNDER AS 12.65.100)**

I, the undersigned, swear or affirm under penalty of perjury that the following is true to the best of my knowledge and belief following diligent inquiry:

1. I became aware of, and am providing, the following information in my capacity as:

(funeral home employee, law enforcement investigator, landlord, guardian, health facility employee, etc.)

2. The deceased person named above died at or near _____,
Alaska, on or about _____, under the following circumstances:

3. Other information known about deceased:

Last known address _____

Last employer _____

Employer's address _____

Other _____

4. No person has appeared to claim the body for burial.

a. The following relatives or interested persons were located, but are unwilling or unable to claim the body:

<i>Name</i>	<i>Relationship</i>	<i>Address/Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. The following relatives or interested persons were identified but cannot be located:

<i>Name</i>	<i>Describe Attempts to Locate</i>
_____	_____
_____	_____
_____	_____

c. The following efforts yielded no names of relatives or interested persons:

_____ contacted acquaintances, neighbors, etc.

<i>Person Contacted</i>	<i>Relationship to Deceased</i>	<i>Address/Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ searched the following records (such as vital statistics, employment, PFD records, military records, court records):

_____ examined the personal effects and other property of the decedent located at: _____ for the purpose of locating information about relatives.

Other: _____

5. I have no information regarding whether the deceased left information or instructions regarding funeral or disposition.

The deceased left information or instructions regarding funeral or disposition wishes as follows (when were instructions left, what were the instructions):

6. No provision has been made for the body under AS 13.50 (the Uniform Anatomical Gift Act). I made the following efforts to confirm this:

_____ examined the person's personal effects and _____ and found no organ donor card.
(billfold/purse/driver's license/other)

_____ located the person's will/living will and determined that no such gift is made in it.

Other efforts to determine whether a gift has been made:

7. Property.

- I am not aware of any money or other property belonging to the deceased.
- I am aware of the following money or property of the deceased:
 - personal effects located at _____
 - other property located at _____

8. Other information relevant to the petition:

_____ Date

_____ Signature of Person Making this Affidavit

_____ Type or Print Name and Title

_____ State Office/ Dept./Funeral Home/Other Ofc.

_____ Address

_____ Telephone Number Fax Number

Subscribed and sworn to or affirmed before me at _____,
Alaska, on _____
(date)

(SEAL)

_____ Clerk of Court, Notary Public, or other
person authorized to administer oaths.
My commission expires _____