

Conejo Valley Victims Fund
held at Ventura County Community Foundation

Affidavit - Decedent Left a Will

Decedent's Name: _____

Please check one:

_____ I am the executor under the will of (*decedent's name*) _____,
dated _____.

The will is (*decedent's name*) _____ final Will.
A copy of the Will is attached to this affidavit as Exhibit A.

_____ I have the original Will

_____ The original Will has been lodged with the Probate Court in _____ County.

_____ The original Will is in the possession of: _____.

_____ I am unable to locate the original Will.

Please check one:

_____ I have/intend to open probate for the Estate of (*decedent's name*) _____

with Probate Court in _____ County. I will provide copies of the Order appointing
me Executor, Administrator with Will Annexed, Administrator, or Special Administrator to Ventura County
Community Foundation.

_____ I do not intend to open a probate for the Estate of (*decedent's name*) _____

The following persons are named as beneficiaries under the Will (the "Beneficiaries").

Names & Complete Mailing Addresses:

Check One:

_____ The Beneficiaries and I propose that I, as Executor, receive the funds from the Ventura County Community Foundation (“VCCF”), and that I distribute the funds as appropriate*.

_____ The Beneficiaries and I propose to distribute funds received from the Ventura County Community Foundation (“VCCF”) per the Plan of Distribution, and the Beneficiaries and I all consent to the Plan of Distribution*. A copy of the Plan of Distribution is attached.

**Please note that a Consent for Distribution form will be mailed to all Beneficiaries and funds will not be disbursed until all consent forms are completed and returned.*

Please read and initial after each statement:

I have sought legal counsel or I have declined to seek legal counsel regarding this Affidavit. _____

I agree to hold VCCF free and harmless and indemnify VCCF against all liability, claims, demands, loss, damage, costs and expense whatsoever that VCCF may incur because of the transfer, payment, or delivery of the funds pursuant to Paragraph 5 of this Affidavit. _____

I affirm and declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct. _____.

Print Name: _____

Signature: _____

Date: _____

Please return completed form no later than February 18, 2019, to:

Conejo Valley Victims Fund
Ventura County Community Foundation
4001 Mission Oaks Boulevard, suite 1
Camarillo, CA 93012

You can also e-mail the completed form to Kirsti Thompson, kthompson@giveanhour.org