

INDEMNITY AGREEMENT

1/We \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 In the City of \_\_\_\_\_ in the Province of \_\_\_\_\_

1. I am (we are) familiar with the facts relating to the Estate of \_\_\_\_\_.
2. That I am (we are) acting as \_\_\_\_\_ for the Estate of \_\_\_\_\_, and in my (our) personal capacity(ies).
3. That the deceased died at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

a) Without leaving a will, and the sole surviving heirs-at-law are:

Name	Relationship	Age

b) Having left a will dated \_\_\_\_\_, a true copy of which is attached hereto, and that the will has not and will not be probated and the beneficiaries under the said will are as follows:

Beneficiary(ies)

4. That all debts and claims against the said estate have been paid or settled or will be paid or settled by the undersigned.

5. That I (we) and the aforementioned heirs-at-law or beneficiaries agree at all times to indemnify and save harmless Virgil Mutual Burial Society from and against any and all liabilities, losses, damages, judgments, costs, charges, counsel fees and other expenses of every nature and character, which Virgil Mutual Burial Society may sustain by reason of the payment of the benefit which is payable as a result of the death of the deceased, which benefit is in the amount of \$ \_\_\_\_\_, and which benefit is directed to be paid as follows: \_\_\_\_\_.

Capacity	Signature	Date
<input type="checkbox"/> Executor	_____	_____
<input type="checkbox"/> Heir-at-Law	_____	_____
<input type="checkbox"/> Executor	_____	_____
<input type="checkbox"/> Heir-at-Law	_____	_____

If insufficient space, have additional parties sign on the back side of this document.

