

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:

Name	Relationship	Address/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Describe Attempts to Locate
_____	_____
_____	_____
_____	_____

- 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 records, 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 \_\_\_\_\_