

AFFIDAVIT

(ARKANSAS CODE 26-3-306)

I do hereby certify that I am the surviving spouse of a veteran or active duty member who,

At time of death was receiving special monthly compensation for loss or loss of use of one (1) or more limbs or total blindness in one (1) or both eyes, or

At time of death was rated service connected (100%) total and permanent disability, or

Is a member of the United States Armed Forces who is missing in action, or

Was killed on active duty while within the scope of his military duties or died while within the scope of his military duties, or

Died of service connected causes as certified by the Veterans Administration.

AND:

I have remained unmarried since the death of the veteran/active duty member/MIA.

(Signature of surviving spouse)

WITNESSED BY NOTARY:

STATE OF ARKANSAS

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public, this the _____ day of
_____, 20____

Notary Public

Address