



5. Property.

In addition to the property described on the supporting affidavit(s), the following property belonging to the deceased \_\_\_\_\_ is located at \_\_\_\_\_

6. Other information relevant to this petition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Medical Examiner / Deputy Medical Examiner

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
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 \_\_\_\_\_