

WRITERS GUILD OF AMERICA, EAST, INC.

**AFFIDAVIT FOR DISTRIBUTION OF PAYMENTS/AFFIDAVIT UNDER CALIFORNIA
PROBATE CODE SECTIONS 13000-13116, APPOINTMENT OF REPRESENTATIVE
TO RECEIVE FUNDS FROM THE WRITERS GUILD OF AMERICA, EAST, INC., AND
INDEMNIFICATION**

Name of Affiant(s): _____ hereby affirm(s) as follows:

1. Purpose.

The undersigned affiant(s) hereby make(s) this Affidavit in order that the Writers Guild of America, East, Inc. will be able to transfer me/us the payments described in Paragraph 4 below. The undersigned affiant(s) represent(s) that the following statements are true.

2. Decedent Information

Decedent's name: _____

Date of death: _____

Decedent's residence
address at date of death: _____
STREET
CITY STATE ZIP CODE

Place of decedent's death: _____
CITY
COUNTY STATE

3. Certified Copy of Death Certificate

___ A certified copy of the decedent's Death Certificate is attached to this Affidavit.

4. Description of Property to be Transferred

The property to be paid, transferred or delivered to the undersigned is described as follows:

Any and all payments due under various Writers Guild of America, East, Inc., and/or Writers Guild of America West, Inc., agreements including, but not limited to, residuals and foreign levies, which accrue to the decedent and which are payable after his/her death to his/her heirs, estate, or designated beneficiary(ies) ("payments").

5. Beneficiary Information (CHECK APPROPRIATE STATEMENT)

I am/We are the beneficiary(ies), or representative(s) of the beneficiary(ies), of the decedent as to the payments described in Paragraph 4 above because (CHECK THE APPROPRIATE INFORMATION):

A. ____ Beneficiary through Will or Trust or Intestacy

I am/We are the beneficiary(ies) of the decedent:

1. ____ under decedent's Last Will and Testament; or
2. ____ under decedent's Revocable Living Trust; or
3. ____ by operation of law under the laws of intestacy of the State of _____

If you are the beneficiary(ies) under decedent's Will and/or Trust, you must attach a copy of the Will and/or Trust to this Affidavit. If you are a beneficiary through intestacy, further proof of your relationship to the decedent will be required.

The name, address, relationship to the decedent, and Social Security Number of each of the beneficiaries must be listed on the last page of this Affidavit.

B. ____ Beneficiary under Legal Disability *(to be filled out if a beneficiary is a minor, has been determined to be mentally incompetent, or is otherwise subject to a legal disability)*

I am/We are authorized as guardian, conservator, trustee, custodian, or personal representative to act on behalf of the beneficiary(ies) of the decedent with respect to the decedent's interest in the described payments. (A copy of the Letters Testamentary or Letters of Administration or other written authorization for the guardian, conservator, trustee, custodian or personal representative to act on behalf of the beneficiary(ies) of the decedent with respect to the decedent's interest in the described payments must be attached to this Affidavit.)

The name, address, title, social security number and telephone number of the guardian, conservator, custodian, or personal representative is:

NAME SSN or FED ID#

STREET ADDRESS CITY, STATE, ZIP CODE

LEGAL TITLE (e.g., Guardian, Conservator, Custodian, etc.) PHONE NUMBER

6. Legal Basis for Transfer of Property (CHECK APPROPRIATE STATEMENT)

A. ____ Beneficiary By Order of Probate Court

A probate proceeding has been conducted in the State of _____ for administration of the decedent's estate, and a court order has been issued confirming the affiant's right to the payment, transfer, or delivery of the payments described in this Affidavit. (A copy of the court order must be attached.)

B. ____ Beneficiary By Consent of Personal Representative (Executor) of a Probate Proceeding.

The decedent's personal representative (executor) has consented in writing to the payment, transfer,

or delivery to the affiant of the payments described in this Affidavit. (A copy of the consent and of the personal representative's Letters Testamentary or Letters of Administration must be attached to this Affidavit.)

C. ____ Beneficiary through Living Trust Agreement

Decedent's estate is being administered under the provisions of a trust agreement. (A copy of the Trust must be attached to this Affidavit.)

D. ____ No Probate; Heir(s) By Intestacy

No probate or other proceeding is now being or has been conducted for administration of the decedent's estate, and I am/we are decedent's heirs under the laws of intestacy of the State of _____ (where decedent resided at the time of death).

E. ____ Beneficiary through Will; No Probate; Value of Estate Less than \$100,000

(For California residents only - California Probate Code sections 13000-13116)

NOTICE: California Probate Code Section 13110 provides that anyone who fraudlently obtains payment or delivery of payments or property through this declaration procedure is liable to any person having a superior right to the property.

i. Expiration of Statutory Time

At least 40 days have elapsed since death of the decedent, as shown in the attached copy of the decedent's death certificate.

ii. No Probate Pending

No proceeding is now being or has been conducted in California (or elsewhere) for administration of the decedent's estate. (This means that no probate proceeding has taken place or will take place for the decedent.)

iii. Value of Decedent's Property

The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (\$100,000).

(The property described in Section 13050 includes property held in joint tenancy, property held in a revocable living trust, property passing directly to a surviving spouse, certain multiple-party accounts, most vehicles and mobile homes, amounts due decedent for services in the U.S. armed services, and up to \$5,000 of salary or other compensation owing to decedent for personal services from employment.)

7. Identification of Trust (IF APPLICABLE)

If this estate is being administered under a trust agreement, please indicate the name of the trust, the name(s), address, Social Security or Federal Tax Identification number, and telephone number of the trustee(s) who is/are serving under the Trust:

NAME OF TRUST

NAME OF TRUSTEE(S)

STREET ADDRESS

CITY, STATE, ZIP CODE

SSN or FED ID #

PHONE NUMBER

If this estate is being administered under a probate, please indicate the name, address, and telephone number of the executor/administrator and the Federal Tax Identification number of the probate estate:

PHONE NUMBER

CITY, STATE, ZIP CODE

If the decedent was employed by a loan-out or personal services corporation, and some or all of the payments described in Paragraph 4 above are to be paid to such loan-out or corporation, please provide the following information:

SSN or FED ID#

CITY, STATE, ZIP CODE

10. Exclusive Right

No other person has a superior right to the interest of the decedent in the described payments.

I/we request that the payments described in Paragraph 4 above be paid, delivered, or transferred to me/us.

The undersigned affiant hereby appoints _____, as the individual, or entity authorized by all beneficiaries to be the representative of the beneficiaries ("the Representative") for purposes of receiving the payments described in Paragraph 4 above from the Writers Guild of America, East, Inc., and for distributing to all beneficiaries their respective share of said payments.

SSN or FED ID#

CITY, STATE, ZIP CODE

PHONE NUMBER

The undersigned affiant warrants and represents that all of the beneficiaries entitled to the payments described in Paragraph 4 above have agreed to the appointment of the above-named Representative.

13. Change of Representative

In the event of a change of representative for any reason after the signing of this document, it is the responsibility of the newly designated representative to notify the Writers Guild of America, East, Inc. of such change by certified U.S. Mail, return receipt requested. In the event of a change of representative, the Writers Guild of America, East, Inc. shall have the right to have each of the beneficiaries sign a new Appointment of Representative to Receive Funds from the Writers Guild of America, East, Inc., and Indemnification.

14. Instructions Regarding Receipt of Payments by Beneficiary or by Representative for Multiple Beneficiaries

If the undersigned affiant is the sole beneficiary entitled to receive the payments described in Paragraph 4 above, payments will be sent by regular U.S. mail to the undersigned at the following address:

STREET ADDRESS

CITY, STATE, ZIP CODE

If there are multiple beneficiaries, the undersigned affiant agrees that the payments described in Paragraph 4 above shall be sent by regular U.S. mail to Representative designated in Paragraph 12 above, or an entity on their behalf, at the address set in Paragraph 12 unless instructed otherwise by the designated Representative.

15. Authorization to Release Representative Information

In the event of an inquiry from writers, producers, production companies and/or any other individual or entity regarding rights to projects, clearance for the use of clips (excerpts), etc., and only in that instance:

____ As a beneficiary of the decedent's estate named in this Affidavit, I **authorize** the Writers Guild of America, East, Inc. to release the following information about me in response to such inquiries:

____ Telephone Number

____ Address

____ As a beneficiary of the decedent's estate named in this Affidavit, I **do not authorize** the Writers Guild of America, East, Inc. to release my telephone number or address in response to such inquiries.

16. Affidavit May Be Signed in Counterparts

This Affidavit for Distribution from the Writers Guild of America, East, Inc., Appointment of Representative to Receive Funds from the Writers Guild of America, East, Inc., and Indemnification may be executed in several counterparts; each counterpart shall be considered a duplicate original document.

17. Indemnification

I/we jointly and severally agree to indemnify, hold harmless, and reimburse the Writers Guild of America, East, Inc., and/or any entities from which payments are received, for any and all liability, claims, demands, losses, costs, expenses and/or damages whatsoever (including reasonable attorneys fees) which it/they may incur or suffer to any third person or company (including, without limitation, any tax payments to the federal or any state government) by reason of the transfer, payment, or delivery to me/us of the payments of the decedent as described above in paragraph 4, now or hereafter owing to the decedent. If the Writers Guild of America, East, Inc., and/or any entities from which payments are received, incur any loss, cost, expense or damage as stated herein for which it has/they have not been reimbursed at the time a payment may be made to decedent's successors or heirs under this Affidavit, the Writers Guild of America, East, Inc. may, in its sole discretion, offset the balance due by reducing the amount otherwise payable to me/us by the amount of any outstanding, unreimbursed loss, cost, expense or damage as stated herein.

18. Affirmation (MUST BE NOTARIZED)

I/we hereby affirm under penalty of perjury under the laws of the State of _____ that the foregoing statements in this Affidavit for Distribution of Payments from the Writers Guild of America, East, Inc., Appointment of Representative to Receive Funds from the Writers Guild of America, East, Inc., and Indemnification are true and correct.

Executed at _____, _____, on this _____ day of _____ 20____.
CITY STATE DAY MONTH YEAR

SIGNATURE

PRINT NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

SSN or FED ID #

PHONE NUMBER

STATE OF _____ }
COUNTY OF _____ } ss.

On _____, before me, the undersigned Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

Witness my hand and official seal.

Signature _____ (SEAL)

The name, address, relationship to the decedent, and Social Security Number of each of the beneficiaries is as follows:

1. Name: _____
Address: _____
Relationship: _____ Social Security #: _____
Telephone #(s): _____

2. Name: _____
Address: _____
Relationship: _____ Social Security #: _____
Telephone #(s): _____

3. Name: _____
Address: _____
Relationship: _____ Social Security #: _____
Telephone #(s): _____

4. Name: _____
Address: _____
Relationship: _____ Social Security #: _____
Telephone #(s): _____

5. Name: _____
Address: _____
Relationship: _____ Social Security #: _____
Telephone #(s): _____

If any beneficiary is under 18 years of age, please put an asterisk (*) beside their name.