

STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER  
BUREAU OF STATE PAYROLL SERVICES

**NEXT OF KIN AFFIDAVIT**

State of New York  
City of \_\_\_\_\_  
County of \_\_\_\_\_

State of New York  
Office of the State Comptroller  
Employee's Name \_\_\_\_\_  
Last 4 Digits of Employee's SSN \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says:

1. That she/he resides at \_\_\_\_\_,  
Town of \_\_\_\_\_  
Village of \_\_\_\_\_  
City of \_\_\_\_\_  
In the county of \_\_\_\_\_ and State of \_\_\_\_\_;

2. That no Executor, Administrator or fiduciary of the estate of said decedent has qualified or been appointed.

3. That she/he is the  surviving spouse.  
That the affiant herein is informed and believes that the sum of \$ \_\_\_\_\_ was due and owing the decedent from the State of New York at the time of the decedent's death for \_\_\_\_\_ and that this payment and all other payments made pursuant to Section 1310 of the Surrogate's Court Procedure Act by all debtors, known to the affiant after diligent inquiry, do not in the aggregate exceed thirty thousand dollars (\$30,000). This section applies only within thirty (30) days of the death of the decedent.

4. That she/he is  the surviving spouse  
 one or more of the children of the decedent, eighteen years of age or older  
 the father or mother  
 a brother or sister  
 a niece or nephew

Preference being given in the order named if request for payment shall have been made by more than one such person of the decedent \_\_\_\_\_ who died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

That the following are the names and addresses of the persons entitled to and who will receive the money paid:

Name	Address	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

That the affiant herein is informed and believes that the sum of \$ \_\_\_\_\_ was due and owing the decedent from the State of New York at the time of the decedent's death for \_\_\_\_\_ and that this payment and all other payments made pursuant to Section 1310 of the Surrogate's Court Procedure Act by all debtors, known to the affiant after diligent inquiry, do not in the aggregate exceed fifteen thousand dollars (\$15,000).

- 5. That the decedent had not, to affiant's knowledge, designated in writing a person to whom such debt shall be paid upon the decedent's death.
- 6. That this affidavit is made for the purpose of directing payment of the said debt to:
  - the affiant, or
  - \_\_\_\_\_, pursuant to SCPA Section 1310(3) (f), a creditor of the decedent or person who has paid or incurred the funeral expense of the decedent, not to exceed \$5,000 (SCPA §1310(4)), upon the request of the surviving spouse or of one of the above-named relatives and \$ \_\_\_\_\_ remains to be reimbursed to such person.
- 7. Any person receiving payment is accountable to the fiduciary of the decedent (including a public administrator) if a fiduciary is later appointed for the decedent's estate.

Subscribed and sworn to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Notary Public-Commissioner of Deeds