



STATE OF NEW YORK  
**OFFICE OF THE STATE COMPTROLLER**  
OFFICE OF UNCLAIMED FUNDS

**Small Estates Affidavit (S.C.P.A. Section 1310)**

**REFERENCE NUMBER:**

**ESTATE OF** \_\_\_\_\_

NO Administrator, Executor or other Fiduciary has qualified or been appointed to handle the decedent's estate. Below, I have initialed the line next to the appropriate section and I have provided the requested information, when necessary.

\_\_\_\_\_ **Section A - To be completed by Surviving Spouse ONLY**

I am the surviving spouse of the decedent and 30 days has not passed since the date of death. To the best of my knowledge, this payment and all other payments made under Section 1310 of the Surrogates Court Procedure Act, by all debtors of the decedent known to me after diligent inquiry, do not exceed \$30,000.00.

\_\_\_\_\_ **Section B - To be completed by Surviving Spouse, Blood Relative or Creditor**

I am the decedent's \_\_\_\_\_ and **30 days have passed** since the date of death. (ONLY a surviving spouse, a child over 18 years of age, mother, father, sister or brother may claim under this section.) To the best of my knowledge, this payment and all other payments made under Section 1310 of the Surrogate's Court Procedure Act, by all debtors of the decedent known to me after diligent inquiry, do not exceed \$15,000.00.

**NOTE:** For Section B a Table of Heirs Form must be completed and made part of this affidavit.

**OR;**

I am a creditor of the decedent or a person who has paid or incurred the decedent's funeral expense, and **30 days have passed** since the date of death. The debt was incurred at the request of the surviving spouse or other entitled blood relatives. I paid the funeral expenses from my own funds and I have not been reimbursed in full. I am seeking reimbursement in the amount of \$\_\_\_\_\_. To the best of my knowledge, this payment and all other payments made under Section 1310 of the Surrogate's Court Procedure Act do not, in the aggregate, exceed \$15,000.00. **NOTE:** A copy of the paid funeral bill must be attached.

I am the surviving spouse, child over 18 years of age, mother, father, sister or brother of the decedent and I request that payment be made to:

\_\_\_\_\_ who has incurred expenses of the decedent and is entitled to reimbursement.

\_\_\_\_\_  
Relative's Name (Please Print)

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Relative's Signature

**\*\*PLEASE BE SURE TO COMPLETE AND RETURN BOTH PAGES OF THIS FORM.**

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Section C - To be completed by Creditor ONLY

I am a creditor of the decedent or a person who incurred the decedent's funeral expense and six months have passed since the date of death. The debt was not incurred at the request of the surviving spouse or other entitled blood relatives. I paid the funeral expenses from my own funds and I have not been reimbursed in full. I am seeking reimbursement in the amount of \$\_\_\_\_\_. The decedent was not survived by a spouse or minor child. To the best of my knowledge, this payment and all other payments made under Section 1310 of the Surrogate's Court Procedure Act do not, in the aggregate, exceed \$5,000.00. NOTE: A copy of the paid funeral bill must be attached.

NOTE: If you do not meet the specific criteria outlined in Section A, B or C above, you may wish to consult with your attorney for advice on how to proceed.

To the best of my knowledge, the decedent had not designated in writing, persons to whom these funds should be paid.

Anyone 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.

In consideration of the payment of this claim, I will reimburse to the Office of the State Comptroller and the State of New York the amount due to any additional persons who are entitled to these funds. Under penalty of perjury, I certify that the information on this affidavit is true and correct and that the number shown on this affidavit is the correct Taxpayer Identification Number.

Signature

Social Security / Taxpayer Identification Number\*

\*The Social Security Number / TIN is optional at this point, but including it may facilitate our research and may avoid a future request for the number.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

Signature / Seal - Notary Public

Table with 2 columns: Return this form by mail: Office of Unclaimed Funds, 110 State Street, Albany, NY 12236. Submit online: https://ouf.osc.state.ny.us/ouf/cs. Contact us: nysouf@osc.state.ny.us or 800-221-9311. Visit our webpage at http://www.osc.state.ny.us/ouf/index.htm. We invite you to like us on Facebook at facebook.com/nyscomptroller and follow us on Twitter at @NYSComptroller.

NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Taxpayer Identification Number and/or Date of Birth on this form in order to verify your identity and that you're entitled to claim the funds. OUF is authorized to collect this information under Section 1406 of the NYS Abandoned Property Law. Disclosing this information is voluntary and we will process your claim without it. However, in certain cases OUF is required to report the transaction to the Internal Revenue Service and/or other taxing authorities. If your claim is subject to such a requirement, and you don't provide the requested information at this time, we'll require that you provide such information prior to payment. The information provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236