# 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