

**Affidavit to Obtain Payment of Deposit On Death of Depositor
Without Court Administration**

STATE OF NEW YORK)
)ss.:
COUNTY OF _____)

_____ [state name], being duly sworn deposes and states:

1. I am the _____ [state relationship to deceased] _____, deceased, who died on _____, 20 _____, at _____, and who, at the time of his death, was domiciled at _____ [address], County of _____, New York.
2. No fiduciary has qualified or been appointed to administer the estate of said deceased.
3. More than thirty days have elapsed since the death of said deceased.
4. At the time of his death, there was due and owing to said deceased from _____ [insert bank's name] Bank, New York, the sum of _____ dollars on account of a deposit in said bank payable to said deceased.
5. I make this affidavit to obtain payment of the sum of _____ dollars in full [or partial] satisfaction of said indebtedness from said Bank to said deceased.
The names and addresses of the persons entitled to and who will receive such money paid are as follows:

Name _____

Address _____

Amount _____ .

6. The payment herein requested and all other payments made pursuant to the provisions of [SCPA 1310](#) by all debtors known to me after diligent inquiry made by me do not in the aggregate exceed \$ 15,000.

_____ [sign]
_____ [print name]

Sworn to before me this the
____ day of _____, 20__.

Notary Public