

AFFIDAVIT OF RELATIONSHIP TO DECEDENT AND REQUEST FOR PAYMENT OF DEPOSIT ACCOUNT TO FAMILY MEMBER PURSUANT TO 20 Pa.C.S.A. §3101

In re: Estate of _____

Date of Death: _____

Deceased

COMMONWEALTH OF PENNSYLVANIA)

) ss:

COUNTY OF LEHIGH)

_____ being duly sworn according to law, deposes and says that I am an adult individual and that

(Check and complete ONE of the following with preference given in the order named)

I am the surviving spouse of _____, having been married to him/her on

_____ at _____
Date

_____ City and State

- OR -

I am the adult child of _____; the other adult children of _____ are:

Name

Address (if deceased provide date of death)

- OR -

I am the parent of _____; the other parent of _____ is:

Name

Address (if deceased provide date of death)

- OR -

I am the adult sibling of _____; the other adult siblings of _____ are:

Name

Address (if deceased provide date of death)

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Deceased

further states that the above facts are true and correct, and requests that pay any funds or benefits due and owing to the decedent at the time of their death pursuant to:

20 Pa.C.S.A. §3101 A B C D E, a copy of which is attached to this Affidavit.

BY: Signature Date: Print Name Print Address

SWORN TO and subscribed before me this day of , 20.

Notary Public

Attachments: Death Certificate Photocopy of 20 Pa.C.S.A. §3101 Photocopy of receipt for payment of funeral bill

VERIFICATION

I, name and relationship to decedent, hereby verify that the facts set forth in the foregoing Affidavit of Relationship to Decedent are true and correct to the best of my knowledge, information and belief. I understand that false statements therein are subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Date: Signature Print Name Print Address