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# AFFIDAVIT FOR ESTATES NOT EXCEEDING \$20,000

Know all persons by these presents that:

1. The Decedent, \_\_\_\_\_, who resided in the City/Town of \_\_\_\_\_, State of \_\_\_\_\_, was, at the time of his/her death, the owner of funds held in trust by the Maine Public Employees Retirement System ("Account");
2. The value of the Decedent's entire estate, wherever located, less liens and encumbrances, does not exceed \$20,000.00;
3. More than thirty (30) days have elapsed since the death of the Decedent, who died on \_\_\_\_\_;
4. No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction; and
5. The undersigned Successor, \_\_\_\_\_, is entitled by law to payment or delivery of the property pursuant to 18-A M.R.S. Sections 3-1201 and 3-1202.

It is hereby requested that the Account be closed and the proceeds delivered to the Successor.

IN WITNESS WHEREOF, the undersigned Successor, under oath and subject to the penalties of perjury, hereby declares that the statements made herein are true and sets his/her hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Successor's Social Security Number

\_\_\_\_\_  
Successor's Signature

\_\_\_\_\_  
Successor's Printed Name

STATE OF MAINE  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_

Personally appeared before me the above named Successor, \_\_\_\_\_ and gave oath that the foregoing statements are true and correct.

Before me,

\_\_\_\_\_  
Notary Public /Attorney at Law

\_\_\_\_\_  
Printed Name

My Commission Expires: \_\_\_\_\_