

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION

OFFICE OF ACCOUNTS AND CONTROL
One Capitol Hill, Providence, RI 02908-5883



AFFIDAVIT OF HEIR(S)

I (We), _____
residing on (street, avenue) _____ in the City or Town
of _____ State of _____
_____ (Zip/Postal Codes) _____ being duly sworn according to law, do hereby
claim the sum of _____ Dollars (\$ _____
_____) as being lawfully due me(us) from the State of Rhode Island, and in support of
said claim, do make the following statements of fact which are complete and true to the best of my (our)
knowledge and belief:

➤ That I am (We are) the (relationship) _____ only surviving
heir(s) of _____ who died a resident of the City or
Town of _____
in the State of Rhode Island, on _____, 20 _____.

➤ That at the said date of the death there was due said decedent from the State of Rhode Island, the
sum of _____ Dollars (\$ _____) covering _____

➤ That the said decedent did not leave a will or sufficient personal estate to warrant the probating
thereof and that no administrator has been appointed.

➤ That, if necessary, the above sum will be used for the payment of burial expenses of said decedent.

➤ That I (We), the undersigned, the only surviving heir(s) of the said decedent as aforesaid, am (are)
the only person(s) entitled to receive the aforesaid sum of money from the State of Rhode Island, and I (We)
hereby agree that if the said sum of money is paid to me (us), I (We) will save the State of Rhode Island and
its officials harmless from any and all claims or demands of any other person or persons on the same account

Subscribed and sworn to before me this _____
day of _____, 20 _____.

(Notary Public)

(Heir)

(Heir)

(Heir)