

**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 \_\_\_\_\_ )

\_\_\_\_\_ 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