



Affidavit and Agreement Supporting Claim for a Deceased Person

(Checks will be made payable to the Estate of the Deceased Person)

I, the undersigned Claimant, claiming for or through the below-identified decedent who was entitled to claim certain property now held in custody by the Office of the State Treasurer, said property being specifically referenced below by property identification number(s), after being duly sworn, do hereby affirm as follows:

DECEASED OWNER'S INFORMATION:

NAME OF DECEASED OWNER: _____

DECEDENT'S SSN: _____

DECEDENT'S DATE OF BIRTH: _____ DECEDENT'S DATE OF DEATH: _____

PROPERTY CLAIMED: The above-named Deceased Owner was the rightful owner of property that the Office of the State Treasurer now associates with the following property identification number(s): _____.

PROBATE STATUS: (Check and Complete ONLY ONE)

- The Decedent's Estate is Unprobated and no application or petition for the appointment of a personal representative/executor, or successor, is pending or has been granted in any jurisdiction.
- The Decedent's Estate is currently being probated in the _____ County Probate Court.
- The Decedent's Estate was probated in the _____ County Probate Court and was closed in accordance with the Maine Probate Code on _____ (date).
- Other (please explain): _____

CLAIMANT'S CAPACITY TO CLAIM AND ENTER AGREEMENT: I am entitled under the Maine Probate Code to place this claim and enter the below-stated AGREEMENT because I am: (Check ONLY ONE)

- Heir to the Decedent's Unprobated Estate.
- Personal Representative (Executor) of the Decedent's CLOSED Probated Estate.
- Personal Representative (Executor) of the Decedent's OPEN Probated Estate.
- Other: (Please explain) _____

AGREEMENT: Claimant agrees to abide by the distribution of the Decedent's assets as determined by applicable law, governing instruments and court orders, and to indemnify and hold harmless the Office of the State Treasurer against any superior claim(s) made on the above-claimed property.

Claimant's Signature: _____ Date: _____

Claimant's Name (printed): _____

Personally appeared before me the said Claimant and affirmed the above-stated facts as true and correct based upon his/her own personal knowledge.

County _____ State _____

Subscribed and sworn before me on: _____ (seal)

Notary Public: _____

My commission expires: _____.