State of _____)
) ss.:
County of _____)

_____, being duly sworn, deposes and says:

1. I am the _____ [state relationship to deceased] of _____ [name of pensioner], deceased, who died on _____, and who, at the time of his death, was domiciled at _____, County of _____, State of _____.

2. No fiduciary is currently qualified or has been appointed to administer the remaining estate of said deceased.

3. More than thirty days have elapsed since the death of said deceased.

4. At the time of his/her death, there was due and owing to said deceased's estate from the Building Service 32BJ Health Fund (Health Fund), the sum of _____ dollars.

5. I make this affidavit to obtain payment of the sum of _____ dollars in full satisfaction of said indebtedness from said Health Fund to said deceased's estate. The names and addresses of the persons entitled to and who will receive such money paid are as follows:

Name: _____

Address: _____

_____

Amount: $_____

6. The payment herein requested and all other payments made pursuant to the provisions of New York's *SCPA section 1310* by all debtors known to me after diligent inquiry made by me do not in the aggregate exceed $15,000.

On the_____ day of _____, 20__, before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing document, and she/he acknowledged to me that she/he executed the same.

Notary: _____

Date: _____