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**AFFIDAVIT FOR ESTATES
NOT EXCEEDING \$40,000**

I _____, do swear (affirm), under penalty of perjury, that the statements made herein are true.

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 \$40,000.00;
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-C M.R.S. §§ 3-1201-1202 (2019).

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

Signature of person making affidavit

Date

STATE OF _____
COUNTY OF _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20__ at

_____, _____ by _____
City Name of Individual Appearing Before the Notary

Signature of Notary Public

Name of Notary Public (Print your name)
Notary Public, State of _____
My Commission Expires: _____