

**PUBLIC ADMINISTRATOR**



**EDWINA FRANCES MARTIN, ESQ.**  
COMMISSIONER  
PUBLIC ADMINISTRATOR

**RICHMOND COUNTY**

130 STUYVESANT PLACE, SUITE 402  
STATEN ISLAND, NEW YORK 10301-2486  
718-876-7228  
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**CLAIM AGAINST ESTATE**

**TO: PUBLIC ADMINISTRATOR RICHMOND COUNTY**

**IN THE MATTER OF THE ESTATE OF:** \_\_\_\_\_  
(Name of Decedent)

The undersigned claimant does hereby present the following claim against the estate of the above named decedent.

**Amount of Claim:** \_\_\_\_\_

The facts upon which this claim is based are as follows:

**Dated:** \_\_\_\_\_

**CLAIMANT:** \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**ADDRESS:** \_\_\_\_\_

**NOTARY**

State of \_\_\_\_\_  
County of \_\_\_\_\_ ss:

**CLAIMANT NAME:** \_\_\_\_\_, being duly sworn, says the foregoing claim against the estate of the above named deceased, is justly due and owing to deponent from the estate of the said deceased, that no payments have been made thereon, and that there are no offsets against the same to the knowledge of deponent.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Signature: \_\_\_\_\_

*Note: This claim document is for use by the Public Administrator's office only. This claim does not purport to satisfy, replace or modify any Surrogate's Court filing requirement.*