



Deborah B. Goldberg  
Treasurer and Receiver

**COMMONWEALTH OF MASSACHUSETTS**

**Department of the State Treasurer  
Unclaimed Property Division  
One Ashburton Place, 12<sup>th</sup> Floor  
Boston, MA 02108-1608  
www.findmassmoney.com  
(617) 367-0400**

**CLAIM NUMBER**

AFFIDAVIT OF HEIRS

**\*\*\* This affidavit may ONLY be used if the decedent's estate was NOT probated. If decedent's estate was probated, you must submit a copy of the original appointment. \*\*\***

NOTE: This form is in a fillable PDF format. Tab to each open field and key in the desired information. Print the form, add your signature and have it notarized. Upload the document on our website or mail to the address above.

I, \_\_\_\_\_ (claimant), being duly sworn upon oath, submit the following:  
I am the \_\_\_\_\_ (state relationship) of \_\_\_\_\_ (original owner),  
who died on \_\_\_\_\_, \_\_\_\_\_. I agree to act as representative of all surviving and eligible heirs of  
\_\_\_\_\_ (original owner) and as such, agree to notify and distribute to all those  
entitled to a portion of the claim.

**List the names and complete addresses of all beneficiaries. Attach additional sheets as necessary.**

Below is a list of all those entitled to a portion of the claim according to intestate law.

<u>BENEFICIARY NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that I have not received the property claimed and I and the people I am filing the claim on behalf of are entitled to it. I agree to indemnify the Commonwealth of Massachusetts, its officers and its employees and hold harmless for and from all claims and loss, costs, damages, and expenses which the Commonwealth of Massachusetts may sustain by reason of turning over the said amount to me and by reason further of its refusal hereafter to pay the said amount to any other person or persons.

\_\_\_\_\_  
Claimant's Signature – Witnessed by a Notary Public

Subscribed and Sworn to before me,

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. A Notary Public in and for the County of \_\_\_\_\_  
\_\_\_\_\_ in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_