



Public Administrator

County of New York

DAHLIA DAMAS, *Commissioner*
Public Administrator

JOY A. THOMPSON, *Deputy Commissioner*
Deputy Public Administrator

[DATE]
ESTATE OF: [DECEDENT'S NAME]
P.A. FILE #: XX-XXXX
DATE OF DEATH: XX/XX/XX
SOC. SEC. #: XXX-XX-XXXX
RESIDENCE:

[ADDRESS]
[ADDRESS]
[ADDRESS]

Dear Sir/Madam:

Statutory provisions permit, and our Office regulations require, that claims filed against the estate of a decedent shall be itemized and accompanied by a sworn proof of claim. As the claim you recently filed does not comply with the regulations, we ask that you resubmit your claim to include the following:

- 1) A Claim Affidavit (form enclosed), completed and signed before a Notary Public.
- 2) Your claim, which should state the following:
 - a) Monthly rental charge.
 - b) Months for which payments are due.
 - c) Amount of the security deposit and any refund due.
- 3) A copy of the Lease.

If we do not receive your verified proof of claim within 30 days of the date of this letter, we will deem you to have no claim against the estate.

Very truly yours,

[FILE MANAGER'S NAME] for the
Public Administrator

(Enclosure)

Public Administrator County of New York
31 Chambers Street, Suite 311
New York, New York 10007
(212) 788-8430 • Fax: (212) 385-0220
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State of New York, }
County of New York, } ss. :

being duly sworn, doth depose and says that he resides at
that the estate of..... is indebted to deponent.....
in the sum of..... dollars
as specified in the annexed account; that the said sum is now justly due to this deponent.....
.....that no payment has been made thereon, and that there are no offsets against the same to
the knowledge of this deponent, and the same is not secured by judgment or mortgage upon or expressly
charged on the real estate of the deceased or any part thereof; and that no note has been given for the same.

Sworn to before me, this..... }
day of.....201 }
.....

.....Notary Public, New York County.