

PUBLIC ADMINISTRATOR OF QUEENS COUNTY

General Court House
88-11 Sutphin Boulevard
Jamaica, N.Y. 11435
(718) 526-5037
Fax (718) 526-5043

RD-03

Report No.

REPORT OF DEATH

Today's Date

Name of Deceased

Last Address

Who has key?

Nursing Home

Apt. No.

Private House

Address prior to Nursing Home/Health Facility/Hospital

Person with whom Deceased Resided

Name and Address of Landlord or Agent

Place of Death

Date of Death

Was Cause of Death Accidental? Yes No Describe - Attach Sheet if necessary

Last Occupation

Employer

Address of Employment

Name of Undertaker

Amount of Bill

(See other side)

Address

Phone No.

Funeral Ordered By

Address

Cemetery Plot

Religion

PERSONAL HISTORY

Was the Deceased Ever Married? Did Spouse Survive? Divorced Separated

Was Deceased Receiving Assistance? Medicaid # SS#

Was Deceased a Veteran? If so, please state: Branch Serial #

Decedent's Date & Place of Birth

NAMES, ADDRESSES & TELEPHONE NUMBERS OF FAMILY:

(Give dates of death for those who predeceased)

Spouse

For Office Use Only

INSTRUCTIONS TO INVESTIGATORS

Children (include Adopted)

Grandchildren

Father

Mother

Brothers & Sisters

Aunts & Uncles

Nieces & Nephews

First Cousins

Maternal

Paternal

Attach Additional Sheets if necessary

Friends of the Decedent who may be able to give family or property information

How long have you known Decedent?

PROPERTY / ASSETS

Details of Cash, Bank Accounts and other Personal Property
..... In Whose Possession?

Did Decedent own any Stocks/Bonds? Details
..... In Whose Possession?

Life Insurance of Decedent, Policy #, Company & Beneficiary
..... Bank Keys

Did Decedent have a Safe Deposit Box?
Did Decedent own Real Estate? Details:

Did Decedent own a Vehicle? Details & Location

Name and Address of Person having Title

Did Decedent have a Will? Yes No Name & Address person holding will

Decedent's Attorney Address
Do you know of any outstanding claims, debts or obligations against Decedent?

Details
Do you know of any pending lawsuits in which Decedent was involved?

Details
Do you know whether Decedent was in an accident prior to his/her death?

If so, when/where
Do you know whether Decedent died as a result of an accident OR as a result of any third party action? (e.g. Surgery, Auto Accident, Homicide, etc.) Detail

Name & Address of Decedent's Guardian, Court, County, File Number

Do you have any Property in your possession belonging to Decedent?

Do you know of others who have Property of Decedent's?

NOTICE: If you are not related to Decedent, or if you are a cousin or only related by marriage or common law, the prior consent of the Public Administrator is required for this or any burial agreement.

It is understood that the Public Administrator will not allow more than \$5,000.00 from estate funds, (including grave opening, Veterans benefit and/or Welfare benefits) for payment of funeral expenses. Funeral claims in excess of \$5,000.00 or without prior authorization of the Public Administrator shall result in disallowance of the entire claim.

INFORMANT Print Name **RELATIONSHIP**

INFORMANT Signature Phone: Home Bus.

ADDRESS
..... **For Office Use Only**

State of New York)
County of Queens)
Report Received by: Date:
How Received:

Having been first duly sworn, I, the undersigned, depose and say that I have read the foregoing questions or the same have been read to me, and that I made the foregoing answers thereto, to the best of my ability; I know the contents of the foregoing Report and the same is true of my own knowledge except such answers as I have stated to be upon information and belief, and as to such answers I believe it to be true.

Sworn to before me Signature of Informant

NOTARY PUBLIC