B-40 (R-5-01) State of New Jersey Department of Labor Unemployment Insurance

## AFFIDAVIT FOR CLAIMING BENEFITS DUE A DECEASED PERSON

PART A	•
State of)	
SS. County of)	
1	boing first duly swam damas and say. That have been
(Name of Affiant)	, being first duly sworn, depose and say: That I reside at
· · · · · · · · · · · · · · · · · · ·	
THAT(Name of Deceased)	, (Social Security Account Number) , who resided
at	, died on
(Address of Deceased)	
(Date of Death) , that said person wa	as eligible to claim benefits payable under the Unemployment
Compensation Law of New Jersey; that said person, by reason of death, i	s not able to make or file a claim therefor.
PART B	
I,(Name of Affiant)	_, the surviving spouse of the deceased (who died intestate)
hereby certify that the total value of the real and personal assets of the es hereunder, does not exceed \$10,000.00; and that I am filing or have filed	tate of the deceased, including the benefits claimed a claim for such benefits on behalf of the decedent.
Attached hereto and made a part hereof is a true copy, so marked by the	Surrogate of County, of the
Affidavit filed with the Surrogate of said County.	
PART C	
	_, a Next of Kin of the deceased (who died intestate) hereby
certify that the deceased did not leave a surviving spouse; that the total va	alus of the real and personal access of the action of the
deceased, including the benefits claimed hereunder, does not exceed \$5, benefits on behalf of said decedent.	000.00; and that I am filing or have filed a claim for such
	_
Attached hereto and made a part hereof is a true copy, so marked by the Affidavit filed with the Surrogate of said County.	Surrogate of County, of the
PART D I.	Administratrix Executor _, am the Admininistrator Executrix of the Estate of
(Name of Affiant)	(Cross out titles not applicable)
the decedent and am filing or have filed a claim for such benefits on beha	If of the estate.
Attached hereto and made a part hereof is certified copy of Letters of Adn	ninistration or Letters Testamentary issued by the Surrogate
ofCounty.	
PART E	Administratrix Executor
l,(Name of Affiant)	_ , am the Admininistrator Executrix of the Estate of
the decedent, having qualified as such under the laws of the State of	
claim for such benefits on behalf of the estate.	, and an ming of have nied a
Attached hereto and made a part of hereof is certified copy of Letters of A	dministration or Letters Testamentary issued by:
	,
(Name of Issuing Authority)	
PART F  I, therefore, ask that all benefits due to said decedent be paid to me and r	mailed to the address given below
	·
It is understood that this Affidavit is made for the purpose of securing suc	h benefits as are determined to be payable to the deceased.
Subscribed and sworn to before me	
this day of , 20	
July 01, 20	(Signature of Affiant)
(Notary Public)	(Street and Number)
in and for the County of	(City and State)
State of	(ony uno osate)

## INSTRUCTIONS FOR CLAIMING BENEFITS DUE A DECEASED CLAIMANT

- I. IF CLAIMANT DIED WITHOUT A WILL AND THE TOTAL VALUE OF THE REAL AND PERSONAL ESTATE OF THE DECEASED, INCLUDING THE BENEFITS CLAIMED, DOES NOT EXCEED \$10,000.00 AND SURVIVING SPOUSE CLAIMS BENEFITS.
  - (1) The surviving spouse should call at the office of the Surrogate of the County in which the deceased had his legal residence at the time of death, and there execute and file the necessary Affidavit; submit an inventory of the value, nature and location of all the assets of the deceased; and secure from the Surrogate a true copy of the Affidavit.
  - (2) Execute Parts A, B and F of AFFIDAVIT FORM B-40 before a Notary Public, attach Death Certificate and the true copy of the Affidavit mentioned in (1) above and mail to: Division of Unemployment Insurance, Labor Building, PO Box 395, Trenton, New Jersey 08625-0395.
- II. IF CLAIMANT DIED WITHOUT A WILL AND THE TOTAL VALUE OF THE REAL AND PERSONAL ESTATE OF THE DECEASED, INCLUDING THE BENEFITS CLAIMED, DOES NOT EXCEED \$5,000.00, AND THERE IS NO SURVIVING SPOUSE, BUT CLAIM IS MADE BY A NEXT OF KIN:
  - (1) The next of kin should call at the office of the Surrogate of the County in which the deceased had his legal residence at the time of death, and there execute the necessary Affidavit and file same with the consent of all other next of kin; submit an Inventory of the Value, Nature and Location of all the assets of the deceased; and secure from the Surrogate a true copy of the Affidavit.
  - (2) Execute Parts A, C and F of AFFIDAVIT FORM B-40 before a Notary Public, attach Death Certificate and the true copy of the Affidavit mentioned in (1) above and mail to: Division of Unemployment Insurance, Labor Building, PO Box 395, Trenton, New Jersey 08625-0395.
- III. IF CLAIMANT LEFT A WILL, OR IF THE TOTAL VALUE OF THE REAL AND PERSONAL ESTATE OF THE DECEASED, INCLUDING THE BENEFITS CLAIMED, IS IN EXCESS OF \$5,000.00.
  - (1) The surviving spouse, next of kin, Executor, Executrix, Administrator or Administratrix as the case may be, should apply to the Surrogate of the County in which the deceased resided at the time of death for Letters of Administration or Letters Testamentary and secure certified copy of Letters of Administration or Letters Testamentary.
  - (2) Execute Parts A, D and F of AFFIDAVIT FORM B-40 before a Notary Public, attach Death Certificate and the true copy of the Affidavit mentioned in (1) above and mail to: Division of Unemployment Insurance, Labor Building, PO Box 395, Trenton, New Jersey 08625-0395.
- IV. IF DECEDENT AT THE TIME OF DEATH WAS A RESIDENT OF A STATE OTHER THAN NEW JERSEY:
  - (1) The surviving spouse, next of kin, Executor, Executrix, Administrator or Administratrix as the case may be, should apply to the proper authority in the State in which the deceased resided at the time of death for Letters of Administration or Letters Testamentary and secure certified copy of Letters of Administration or Letters Testamentary.
  - (2) Execute Parts A, E and F of AFFIDAVIT FORM B-40 before a Notary Public, attach Death Certificate and the true copy of the Affidavit mentioned in (1) above and mail to: Division of Unemployment Insurance, Labor Building, PO Box 395, Trenton, New Jersey 08625-0395.