



STATE OF MINNESOTA
MINNESOTA MANAGEMENT & BUDGET
SURVIVOR'S AFFIDAVIT

_____, being first duly sworn, HEREBY DEPOSES AND SAYS:
Name of Spouse

That s/he is the surviving spouse of _____,
Name of employee

Employee ID _____ who was an employee of the State of Minnesota,

Department of _____, at the date of his/her death on _____.

Further, this affidavit is made for the purpose of complying with the provisions of Minnesota Statutes §181.58 relating to the payment by employers to a surviving spouse of wages and accumulated credits due the decedent employee.

No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

Select a method of payment:

- ☐ Please send payments by direct deposit to employee's account.
☐ Please send payments by warrant (check).

Signature of Surviving Spouse

Surviving Spouse's Social Security Number

Type or print full name of surviving spouse here

Surviving Spouse's Address:

Street 1 _____

Street 2 _____

City, State, Zip Code _____

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public, _____ County, Minnesota

My commission expires _____

NOTICE: Name, Home Address, and Social Security number are private data that will be available only to those individuals who need access to conduct legitimate business for the Minnesota Management & Budget and to taxing authorities. You are not legally obligated to provide it. However, we may not be able to process this transaction without it.