## State of Arizona Arizona Department of Administration General Accounting Office

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Affidavit of Spouse for Collection of Compensation Due Decedent

This affidavit is made pursuant to A.R.S. § 14-3971.A for the purpose of collecting wages, salary or other compensation from an employer of the decedent.

		, being first duly sworn, on oath depose and				
Surviv	ing Spouse or Person act	ing on behalf of Surv	iving Spouse]			
1.			died on		, in the	
	[Decedent]			[Month / Day / Year]	<b></b> ′	
	County of		, State of			
	, <u></u>	[County]		[State]		

- 2. I am the surviving spouse of the decedent, or am authorized to act on behalf of such spouse, as evidenced by power of attorney.
- 3. No application or petition for appointment of a Personal Representative is pending or has been granted in this State or, if granted, the Personal Representative has been discharged, or more than one (1) year has elapsed since the closing statement has been filed.
- 4. I am entitled and requesting to receive payment of any wages, salary, or other compensation owed for personal services to the decedent, **not to exceed five thousand dollars (\$5,000.00)**.

SURVIVING SPOUSE or Person acting on behalf of Surviving Spouse	NOTARY		
	STATE OF) ) ss. COUNTY OF )		
Signature	SUBSCRIBED AND SWORN TO before me on		
Date [Month / Day / Year]	this day of, 20,		
Street Address	by		
City, State, and Postal Code	Notary Public Signature		
	My Commission Expires:		