

**OFFICE OF THE PUBLIC ADMINISTRATOR
240 OLD COUNTRY ROAD, SUITE 603
MINEOLA, NEW YORK 11501**

Body at : _____

REPORT OF DEATH

FILE NO. _____

PERSONAL HISTORY

DATE _____

NAME OF DECEASED _____ AGE _____

LAST RESIDENCE _____ WHO HAS KEY: ? _____

PERSON WITH WHOM DECEASED RESIDED _____

PLACE OF DEATH _____ DATE OF DEATH _____

WAS CAUSE OF DEATH ACCIDENTAL? _____

DETECTIVE _____ SQUAD _____ PHONE _____

WAS THE DECEASED EVER MARRIED? _____ DID SPOUSE SURVIVE? _____

WAS SPOUSE LIVING WITH DECEASED AT DATE OF DEATH? _____

PLACE OF BIRTH _____ DATE _____ VETERAN _____

WAS DECEASED A NATURALIZED CITIZEN? _____ RELIGION _____

LAST OCCUPATION _____ EMPLOYER _____

PLACE OF EMPLOYMENT _____ SS# _____

ATTENDING PHYSICIAN _____

NAME OF UNDERTAKER _____ AMOUNT OF BILL _____

ADDRESS _____

FUNERAL ORDERED BY _____

NAMES & ADDRESSES OF FAMILY (Give date of death of predeceased members closer than surviving
Next of kin. Specify if step-children; etc.)

SPOUSE _____

CHILDREN _____

ADOPTED CHILDREN _____

CHILDREN OF PREDECEASED CHILDREN _____

FATHER _____

MOTHER _____

BROTHERS _____

SISTERS _____

CHILDREN OF DECEASED BROTHERS OR SISTERS _____
(Answer as completely as possible to here if no children or grandchildren survive.)

GRANDPARENTS _____

UNCLES – AUNTS _____

FIRST COUSINS _____

SECOND COUSINS _____

FRIENDS OF THE DECEDENT WHO MAY BE ABLE OF GIVE FAMILY OR PROPERTY INFORMATION _____

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PROPERTY (ITEMIZED)

CASH OR OTHER PERSONAL PROPERTY? _____

IN WHOSE POSSESSION? _____

STOCKS OR BONDS? _____

IN WHOSE POSSESSION? _____

ANY OTHER PERSONAL PROPERTY OR ASSETS? _____

LIFE INSURANCE (COMPANY, POLICY NO., BENEFICIARY, AMOUNT) _____

HOSPITAL OR MEDICAL INSURANCE (COMPANY, POLICY NUMBER) _____

SAFE DEPOSIT BOX? _____ WHERE? _____

BANK ACCOUNTS? _____ WHERE ACCOUNT NO. _____

DID DECEDENT OWN ANY REAL ESTATE? _____ IF SO, DESCRIPTION _____

ASSESSED VALUE OF REAL ESTATE _____

RENTALS _____

MORTGAGES LIENS OR ENCUMBRANCES _____

WILL – DID DECEDENT LEAVE A WILL? _____

WHO COULD GIVE INFORMATION REGARDING WILL? _____

WHO WAS DECEDENT'S ATTORNEY? _____

DO YOU KNOW OF ANY CLAIMS OR DEBTS AGAINST THE DECEDENT? _____

HOW LONG HAVE YOU KNOWN DECEDENT? _____ RELATIONSHIP _____

NAME OF INFORMANT _____

ADDRESS _____

PHONE _____

STATE OF NEW YORK
COUNTY OF NASSAU

Having been duly sworn, I, the undersigned, depose and say that I have read the foregoing questions or the same have been read to me, and I have 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.

WITNESS

SWORN TO BEFORE ME

_____ DAY OF _____, 20____

NOTARY PUBLIC

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