

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

AFFIDAVIT OF NURSING HOME ADMINISTRATOR (RSA 151-A:15)

I, the nursing home administrator, state the following:

1. Administrator's Name _____ Telephone Number _____
Nursing Home Name _____
Nursing Home Address _____

2. _____ was a resident at the above-named nursing home.
His/her Medicaid number was _____

3. The above-named resident was admitted to this nursing home on _____
and died on _____

4. Following are the contacts of the deceased resident; I am not aware of any other contacts.

Name and Address	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____

5. Nursing home records:
 do not indicate that a will exists.
 include a will or copy of a will which is attached to this affidavit.
 indicate that a will is held by _____ who is listed in #4
above as a contact.

6. No one has filed for administration under RSA 553 in the county where the deceased last resided.

7. The gross value of the deceased's personal property remaining at the nursing home is
\$ _____ (This amount may not exceed \$5,000.)

8. The deceased's known debts or obligations are as listed below. (Attach additional sheets if
necessary.)

Expenses of Estate Administration	\$ _____
Necessary Charges for Funeral & Burial	\$ _____
Federal Taxes	\$ _____
Claims by DHHS including Medicaid liability	\$ _____
Debts and other General Creditors	\$ _____

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9. I certify, in accordance with Probate Court Rule 21, that I have sent copies of this affidavit by first class mail to the following:

- (a) All known contacts as listed in #4 above;
- (b) Office of Estate Recoveries, Department of Health and Human Services, 129 Pleasant St., Concord, NH 03301; and
- (c) Department of Revenue Administration, Post Office Box 457, Concord, NH 03302-0457 (if death was prior to January 1, 2003).

10. I request authorization by the Court to pay all known debts of the deceased in accordance with statutory priorities, and to pay any remaining funds of the decedent to the State Treasurer to be held as abandoned property pursuant to RSA 471-C.

_____ Date

_____ Nursing Home Administrator Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

_____ Signature of Notarial Officer / Title

Affix Seal, if any

ORDER

Authorization is granted for the Nursing Home Administrator to pay all known debts of the decedent, as enumerated in #8 above or on the attached sheet(s), in accordance with statutory priorities, and to pay any remaining funds of the decedent to the State Treasurer to be held as abandoned property pursuant to RSA 471-C.

Authorization is denied for the following reasons:

_____ Date

_____ Signature of Judge

_____ Printed Name of Judge