



Affidavit for Payment of Final Compensation of Deceased Employee

Pursuant to § 8-4-109(4), C.R.S.

Payment by the State of Colorado (the “State”) of final wages or compensation pursuant to this affidavit operates as a full and complete discharge of the State’s indebtedness to the extent of the payment. The State shall have no liability for payment of wages or compensation upon the execution of this affidavit and payment to the affiant. (§ 8-4-109(4), C.R.S.)

I, _____, the affiant, states as follows:

1. The full legal name of the deceased employee is: _____
2. The deceased employee’s date of death is: _____
3. I have attached a certified copy of the deceased employee’s death certificate to this affidavit.
4. My relationship to the deceased employee is as follows (select one):
 - ☐ I am the personal representative of the estate of the deceased employee, and I have attached to this affidavit a copy of either my letters testamentary or letters of administration, as the case may be.
 - ☐ No personal representative of the estate of the deceased employee has been appointed, and I am the deceased employee’s surviving spouse.
 - ☐ No personal representative of the estate of the deceased employee has been appointed, the deceased employee has no surviving spouse, and I am the deceased employee’s next legal heir.
 - ☐ No personal representative of the estate of the deceased employee has been appointed, the deceased employee has no surviving spouse, and I am one of the deceased employee’s next legal heirs, collecting on behalf of the next legal heirs listed in paragraph 8 below.

5. I acknowledge receipt of the deceased employee's final payment for wages or compensation due from the state.
6. The payment made by the state pursuant to this affidavit operates as a full and complete discharge of the state's indebtedness to the extent of the payment, and the state will have no liability to the deceased employee's estate, personal representative, surviving spouse, or legal heirs in connection with the deceased employee's wages or compensation.
7. I understand that any recipient of funds pursuant to this affidavit is answerable and accountable to any subsequently appointed personal representative of the estate or any other person having a superior right.
8. In the event the deceased employee has no personal representative, no surviving spouse, and multiple next legal heirs with equal rights of distribution, I will distribute the compensation received by me pursuant to this affidavit to the following next legal heirs in the following amounts. I understand that I am an agent of all next legal heirs other than myself, with all the duties of an agent under Colorado law.

Name of next legal heir	Amount / Percent

Verification and Acknowledgment

I, _____ (name) swear/affirm under oath that I have read the foregoing affidavit for payment of final compensation of deceased employee pursuant to § 8-4-109(4), C.R.S., and that the statements set forth therein are true and correct to the best of my knowledge.

Printed name: _____

Signature: _____ Date: _____

Notarization

Subscribed and affirmed, or sworn to before me in the county of _____,
state of _____, this _____ day of _____, 20__.

My commission expires: _____

Notary public / clerk signature: _____