

# AFFIDAVIT

## OF CLAIM FOR PAYMENT OF WAGES/TRAVELLING EXPENSES DUE TO DECEASED EMPLOYEE

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

KNOW ALL MEN BY THESE PRESENTS:

That I/we \_\_\_\_\_ solemnly swear that I/we am/are the  
Name of Claimant(s)  
The \_\_\_\_\_ of \_\_\_\_\_  
State Relationship Name of Deceased Employee

Deceased, and on presentation of this certificate of death do make legitimate claim to the sum of  
\$ \_\_\_\_\_ being all monies due to the said \_\_\_\_\_  
Name of Deceased

Deceased, in payment of wages and/or traveling expenses due and payable to the said deceased at the  
time of his/her death.

Now in consideration of payment of the aforementioned claim I/we \_\_\_\_\_  
\_\_\_\_\_, as lawful claimant(s) agree to indemnify the Board  
of County Commissioners, of Miami Dade County, against any and all future claims for unpaid wages  
and/or traveling expenses due to the said \_\_\_\_\_  
deceased, at the time of his death.

I/we further swear that I/we \_\_\_\_\_ am/are

Over 18 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

A.D. 20 \_\_\_\_\_

- Affiant(s), known personally to me
- Affiant(s) produced identification