



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families
Office of Children and Family Policy
Division of Family Assistance
350 Capitol Street, Room B-18
Charleston, West Virginia 25301-3705
Telephone: (304) 558-8290 Fax: (304) 558-2059

AFFIDAVIT OF BURIAL COST

Office of the County Clerk

RE: Estate of \_\_\_\_\_

Dear \_\_\_\_\_:

This is to inform you that the Department of Health and Human Resources wishes to note and file its claim for \$\_\_\_\_\_ upon the estate of \_\_\_\_\_, deceased. This claim is based upon the payment made by the Department for burial expenses as fully detailed in the Affidavit and Verification appearing below. Please forward this notice and accompanying documents to the personal representative of the estate.

Thank you for your time and effort in this matter.

Sincerely,

(Name and Title)
WV Department of Health and Human Resources

STATE OF WEST VIRGINIA
COUNTY OF \_\_\_\_\_, TO WIT;

AFFIDAVIT AND VERIFICATION

I, \_\_\_\_\_, an employee of the West Virginia Department of Health and Human Resources, do swear, affirm, and verify the following:

THAT the State of West Virginia, by its Department of Health and Human Resources, did expend \$\_\_\_\_\_ dollars (\$) to cover certain of the costs of burial of \_\_\_\_\_, decedent;

THAT attached are true copies of the application (Application for Burial Expense, DFA-BU-1) and the subsequently issued check in payment thereof, pursuant to the program authorized under Chapter 9-5-18 of the West Virginia Code.

THAT, in the event the assets of the decedent in the hands of the personal representative, after payment of charges of administration, are not sufficient to satisfy all the demands against the estate, the claim for payment of funeral expenses has priority pursuant to Section 44-2-21 of the West Virginia Code as amended; and

THAT the statements contained herein are true to the best of my knowledge and belief and that, where stated to be upon information I believe them to be true.

\_\_\_\_\_
NAME

Taken, sworn, and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ My commission expires \_\_\_\_\_
NOTARY PUBLIC