

CLAIM AGAINST THE UNITED STATES FOR AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR

1. I/we, the undersigned, hereby make claim as _____ for amounts due from the
United States in the case of _____ who died on the _____ day
of _____, _____, while domiciled in the State of _____
(Relationship)
(Name of decedent)

2. The basis of this claim is as _____

(State nature of claim, amount, name and location of Department or Agency involved)

3. Has there been or will there be appointed an executor or administrator of the decedent's estate?

_____ ("Yes" or "No".) If the answer is "Yes," the following statement should be completed:

I/we have been duly appointed _____ of the estate of the deceased, as evidenced
by certificate of appointment herewith, administration having been taken out in the interest of:
(Executor or Administrator)

(Name, address, and relationship of interested relative or creditor)
and such appointment is still in full force and effect.

(If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a short certificate of letters testamentary or of administration must be submitted.) (If you are the executor or administrator of the estate of the deceased, disregard paragraphs 4, 5, and 6.)

4. If an executor or administrator has not been or will not be appointed, the following information should be furnished:

The deceased is survived by-

Name

Widow or widower (if none, so state): _____

Children (if none, so state):

<i>Name</i>	<i>Age (if under 21)</i>	<i>Street Address, City, State, and ZIP Code</i>
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Grandchildren (list only the children of deceased children--if none, so state):

<i>Name</i>	<i>Age (if under 21)</i>	<i>Street Address, City, State, and ZIP Code</i>	<i>Name of deceased parent of grandchild</i>
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If no child or grandchild survives, enter below the following:

Name

Street Address, City, State, and ZIP Code

Father (if deceased, so state): _____

Mother (if deceased, so state): _____

Brothers and sisters (if none, so state):

Name

Age (if under 21)

Street Address, City, State, and ZIP Code

Nephews and nieces (list only the children of deceased brothers or sisters-if none, so state):

Name

Age (if under 21)

Street Address, City, State, and ZIP Code

Name of deceased parent
of nephew or niece

5. Have the funeral expenses been paid? _____ ("Yes" or "No.") (If paid, receipted bill of the undertaker must be attached hereto.)

6. Whose money was used to pay the funeral expenses? _____
(If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy. _____)

FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

(Signature of claimant) (Date) (Signature of claimant) (Date)

(Street address) (Street address)

(City, State, and ZIP code) (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the _____ (Name of claimant (s))
and that the signature(s) of the claimant(s) was (were) affixed in our

(Signature of witness) (Signature of witness)

(Street address) (Street address)

(City, State, and ZIP code) (City, State, and ZIP code)

All unnegotiated Government checks in possession of the claimant, drawn to the order of the decedent and involved in the claim, shall accompany this claim application.