

## 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.**