



APPLICATION FOR AMOUNTS DUE ESTATES OF PERSON ENTITLED TO BENEFITS

IMPORTANT: Read Instructions on reverse before completing form. Type or print all information.

1A. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN	1B. SOCIAL SECURITY NUMBER	2. VA FILE NUMBER
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PART I - INFORMATION RELATING TO DECEDENT WHOSE ESTATE IS ENTITLED TO BENEFITS

3. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEDENT	4. DATE OF BIRTH	5. LEGAL RESIDENCE
6. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT		
7. MAILING ADDRESS OF CLAIMANT <i>(Number and Street or Rural Route, City or P.O., State and Zip Code)</i>		8. RELATIONSHIP TO DECEDENT

9. RELATIVE SURVIVING DECEDENT AT TIME OF DEATH WHO MAY BE ENTITLED TO SHARE IN THE ESTATE

9A. NAME OF RELATIVE	9B. RELATIONSHIP TO DECEDENT	9C. AGE	9D. ADDRESS

10. EXPENSES INCURRED FOR LAST SICKNESS AND BURIAL OF DECEDENT *(See paragraph 4 of Instructions)*

10A. NAME OF CREDITOR	10B. NATURE OF EXPENSE	10C. AMOUNT	10D. PAID OR UNPAID	10E. BY WHOM PAID <i>(If paid)</i>

11. DID DECEDENT LEAVE ANY OTHER DEBTS?
 YES NO *(If "Yes," complete Item 12)*

12. NATURE AND AMOUNTS OF OTHER DEBTS?

13. HAS DECEDENT'S ESTATE BEEN ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 14)</i>	14. WILL DECEDENT'S ESTATE BE ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. DID DECEDENT LEAVE ANY ASSETS OTHER THAN AMOUNT DUE FROM THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 16 and 17)</i>
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16. NATURE AND VALUE OF OTHER ASSETS	17. WHY WERE ASSETS NOT USED TO PAY ANY UNPAID BILLS LISTED IN ITEM 10?
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CERTIFICATION AND SIGNATURE OF CLAIMANT

I CERTIFY THAT the above statements are true and correct to the best of my knowledge and belief.

18. SIGNATURE OF CLAIMANT	19. TELEPHONE NUMBER(S) <i>(Include Area Code)</i>		20. DATE SIGNED
	A. DAYTIME	B. EVENING	

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PART II - STATEMENTS OF UNPAID CREDITORS

I CERTIFY THAT the expense listed in Part I, Item 10 on reverse, which was incurred by the undersigned in connection with the last sickness and burial of decedent, is due and unpaid; and that this statement is true and correct to the best of my knowledge and belief.

21. UNPAID CREDITOR NO. 1

A. SIGNATURE OF CREDITOR OR NAME OF FIRM	C. SIGNATURE OF PERSON SIGNING FOR FIRM
B. ADDRESS OF CREDITOR OR NAME OF FIRM	D. TITLE OF PERSON SIGNING FOR FIRM
	E. DATE

22. UNPAID CREDITOR NO. 2

A. SIGNATURE OF CREDITOR OR NAME OF FIRM	C. SIGNATURE OF PERSON SIGNING FOR FIRM
B. ADDRESS OF CREDITOR OR NAME OF FIRM	D. TITLE OF PERSON SIGNING FOR FIRM
	E. DATE

23. UNPAID CREDITOR NO. 3

A. SIGNATURE OF CREDITOR OR NAME OF FIRM	C. SIGNATURE OF PERSON SIGNING FOR FIRM
B. ADDRESS OF CREDITOR OR NAME OF FIRM	D. TITLE OF PERSON SIGNING FOR FIRM
	E. DATE

24. UNPAID CREDITOR NO. 4

A. SIGNATURE OF CREDITOR OR NAME OF FIRM	C. SIGNATURE OF PERSON SIGNING FOR FIRM
B. ADDRESS OF CREDITOR OR NAME OF FIRM	D. TITLE OF PERSON SIGNING FOR FIRM
	E. DATE

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: No allowance of death benefits may be granted unless this form is completed fully as required by law (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by VA.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTIONS

1. This form is not to be used if there has been or will be legal administration upon the decedent's estate.
2. This amount due from the United States to the deceased at time of death is an asset of estate and is payable to the person or persons entitled thereto under the laws governing the distribution of personal property in the State Territory where the deceased was legally domiciled at the time of death, in the absence of Federal statutes otherwise providing.
3. Applicants for payment of the amount due from the United States will avoid delay in settlement by carefully filling out this application and by furnishing the specific information and supporting evidence required.
4. Each bill covering expenses of last sickness and burial, shown in Part I, Item 10 on reverse, should be submitted on the regular billhead of the creditor and if paid, must be receipted to show by whom payment was made. If unpaid, claim should be made by such creditor on Part II of this form.