



**Part D**

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be 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

\_\_\_\_\_  
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE. -- If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be \_\_\_\_\_  
(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT  
FILL IN PART E. ALL OTHER MUST.**

**Part E**

Have the funeral expenses been \_\_\_\_\_ (If paid, receipted bill of the undertaker must be attached hereto.)  
(Yes or No)

Whose money was used to pay the funeral \_\_\_\_\_

**FINES, PENALTIES, and FORFEITURES are imposed by law for the 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 \_\_\_\_\_ and that the signature(s) of the claimant(s) was (were) affixed in our presence.  
(Name(s) of claimant(s))

\_\_\_\_\_  
(Signature of witness) (Signature of witness)

\_\_\_\_\_  
(Street address) (Street address)

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