#### INFORMATION REGARDING DECEASED

| In the case of :  |             |                 |       |
|---|-------------|-----------------|-------|
| Address:  |             |                 |       |
| Date of Birth:  |             |                 |       |
| Date of Death:  |             | Place:          |       |
| Date of Burial:   |             | Place:          |       |
| Was deceased a resident of<br>Military Service or for a p | _           | •               |       |
| Was a previous applicatio Veteran?  If so, date:          | Spou        | se:             |       |
| INFO  | RMATION PER | FAINING TO VE   | TERAN |
| Name of veteran:  |             |                 |       |
| Service number:   |             | Social Security | ::    |
| Grade/Rank:   |             | Organization:   |       |
| Date Entered:   |             | Date Separated  | :     |
| War Service:  | Years:      | Months:         | Days: |
| Type of discharge:  |             |                 |       |

#### **ESTATE VALUE**

The following consists of all assets, real and personal property held solely or in joint ownership at the time of deceased death. (If jointly or partially owned, count only decedent's share)

### ASSETS Real and Personal Property

| Real Estate, Market Value (other than homestead) | \$<br>Liens | Net    |  |
|--|-------------|--------|--|
| Vehicles and Equipment                           | \$<br>Liens | Net    |  |
|  | \$<br>Liens | Net    |  |
| Other personal property                          | \$<br>Liens | Net    |  |
|  | Sub         | Total: |  |
| Cash: \$   |             |        |  |
| Stocks / Bonds: \$                               |             |        |  |
| Bank accounts: \$                                |             |        |  |
| Insurance to estate: \$                          |             |        |  |
| Crop / Livestock: \$                             |             |        |  |
| Collectibles / Antiques: \$                      |             |        |  |
|  | Tota        | le·    |  |

# **DEBTS** (pertaining only to decedent)

| Funeral / Burial bills: \$          |      | _ |  |
|-------------------------------------|------|---|--|
| Mortgage on homestead: \$           |      | _ |  |
| Medical bills: \$                   |      | _ |  |
| Taxes (up to time of death): \$     |      | _ |  |
| Loans: \$                           |      | _ |  |
| Credit cards: \$                    |      | _ |  |
| Others: \$                          |      | _ |  |
|                                     |      |   |  |
|                                     |      |   |  |
| Real and Personal Property Value:   | \$   |   |  |
| Minus Encumbances:                  | \$   |   |  |
| Total Estate (not to exceed \$40,00 | 2 (0 |   |  |

| I,   | (relationship)  |  |
|--|---|--|
| who resides at   |   |  |
| knowledge and belief. Also, I hereby au                                    | pplication is correct and true to the best of my thorize payment of \$300.00 County Burial                            |  |
| Signed:  | Date:   |  |
| (Claimant)   |   |  |
| Subscribed and sworn before me<br>Notary Public in and for the County of F |   |  |
| (Signature) My commission expires:   |   |  |
| Interviewer find said deceased (is) / (is r                                | ination of all the facts, I,not) entitled for the Burial Allowance in the sum provision of P.A. 235, 1911 as amended. |  |
| Approved by:   | Date:   |  |
| Attachment(s): Discharge(s), Death Cer                                     | rtificate, Itemized burial expense, and Marriage  |  |

license. If the deceased is a spouse or widow/er, show relationship to Veteran.