

In Reply Refer To:

The estate of the veteran named below is entitled to a refund for the amount shown.

Payment may be made to an executor of the estate. If no executor or administrator has been or will be appointed, payment may be made to the person(s) entitled to the veteran's estate.

Please complete the information outlined on the back of this notice and return it as soon as possible. This will help us to decide who should receive the refund.

Sincerely yours,

NAME OF VETERAN	FILE NUMBER
POLICY NUMBER	AMOUNT OF REFUND \$

(Over)



1. FILE NUMBER <b>XC</b>
2. DATE OF DEATH

**STATEMENT OF HEIR FOR PAYMENT OF CREDITS DUE  
 ESTATE OF DECEASED VETERAN (NSLI)**

**PRIVACY ACT INFORMATION** - The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5 Code of Federal Regulations 1.526 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing.

**RESPONDENT BURDEN** - We need this information to help us to obtain information for payment of credits due the estate of a deceased veteran. The information requested is authorized by law, title 38 U.S.C. 1917, and CFR Sections 6.56 and 8.54. We estimate that you will need an average of 15 minutes per response to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**INSTRUCTIONS**

- This form will be used by the Secretary, executor, or next of kin of a deceased veteran to support a claim for money in the form of unearned or unapplied insurance premiums due the veteran's estate from the Department of Veterans Affairs.
- If veteran left a last will and testament, furnish a certified copy of the will as admitted to a probate.
- If letters of administration were issued, submit certified copy of same.
- The amount due from the Department of Veterans Affairs to the deceased at time of death is an asset of the estate and is payable to the person or persons entitled thereto under, the laws governing the distribution of personal property in the State Territory or Possession, or County where the deceased was domiciled at the time of death, in the absence of Federal statutes otherwise providing.
- Relatives include parents, husband or wife, children, brothers and sisters, nephew and nieces. If any of the above relatives are deceased, be sure to show date of death. If a relative survives the veteran but has since died, list also the surviving spouse and other relatives of such deceased relative. Under the heading "Names of Both Parents of Relative" in Item No. 9 give the names of the father and mother of each relative named, if known.

3. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN ( <i>Type or print</i> )		4. PLACE OF DEATH
5. DID DECEASED LEAVE LAST WILL AND TESTAMENT?  YES      NO	6. IF DECEASED DID NOT LEAVE LAST WILL, HAVE LETTERS OF ADMINISTRATION BEEN ISSUED?  YES      NO	7. WILL LETTERS OF ADMINISTRATION BE ISSUED ON VETERAN'S ESTATE?  YES      NO

If estate is still open, certified copies of letters testamentary or administration must be furnished. If administration on the estate has been closed, furnish a certified copy, of the decree of distribution. If there has not been and will not be administration on the estate, the questions which follow regarding residence and relationship should be answered.

**8. LEGAL RESIDENCE (*List places the veteran resided during the five years, exclusive of military service, preceding his/her death*)**

TOWN OR CITY	STATE	DATES	
		FROM	TO

**9. RELATIVES SURVIVING DECEASED VETERAN AT TIME OF DEATH (*See Number 5 of Instructions*)**

NAME	RELATIONSHIP TO DECEASED VETERAN	AGE	ADDRESS	DATE OF DEATH (If deceased)	NAME OF BOTH PARENTS OF RELATIVE

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

10. DATE OF SIGNATURE	11. SIGNATURE OF CLAIMANT
12. RELATIONSHIP TO DECEASED VETERAN	13. ADDRESS ( <i>Number and street or rural route, City or P.O., State and ZIP Code</i> )