

### CLAIM FOR AMOUNTS DUE IN THE CASE OF A DECEASED OWNER OF MUTILATED CURRENCY

1. I/we, the undersigned, hereby make claim as \_\_\_\_\_ for amounts due from the  
*(Relationship)*  
United States in the case of \_\_\_\_\_ who died on the \_\_\_\_\_ day  
*(Name of decedent)*  
of \_\_\_\_\_, 20 \_\_\_\_\_, while domiciled in the State of \_\_\_\_\_

2. The basis of this claim is as follows:

\_\_\_\_\_  
*(State nature of claim)*

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  
*(Executor or Administrator)*  
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 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 paragraph 4.)*

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:

Widow or widower (Name - if none, so state): \_\_\_\_\_

Children (if none, so state):

Name	Age (if under 21)	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren (List ONLY the children of DECEASED children - if none, so state):

Name	Age (if under 21)	Address	Name of deceased parent of grandchild
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no child or grandchild survives, enter below the following:

Name	Address
Father (if deceased, so state): _____	_____
Mother (if deceased, so state): _____	_____

Continued from other side

Brothers and Sisters (if none, so state):

Name	Age (if under 21)	Address

Nephews and nieces (list ONLY the children of DECEASED brothers or sisters - if none, so state):

Name	Age (if under 21)	Address	Name of deceased parent of nephew or niece

### CERTIFICATES

Date \_\_\_\_\_

*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.*

I/we, the undersigned claimant(s) certify that the statements herein have been examined by me/us and that such statements are true to the best of my/our knowledge and belief.

_____	_____
(Signature of claimant)	(Signature of claimant)
_____	_____
(Address)	(Address)

ADD

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

at \_\_\_\_\_, county of \_\_\_\_\_, State of \_\_\_\_\_

by the above-named person, whose identity is well known or proved to me.

[SEAL]

\_\_\_\_\_  
(Signature of notary public or similar officer)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Official designation)

Mutilated Currency Division

Paperwork Reduction Act Notice:

Privacy Act Information  
General

The information called for on this form is needed in order for the Treasury Department to determine legal ownership of the damaged currency in question or, in some cases, to determine whether the missing portions of currency described in the claim have been totally destroyed.

While responses to this request are voluntary, failure to furnish all or part of the requested information may result in a denial of your claim.

Information relating to claim \$5000 or more will be provided to the Internal Revenue Service.

The Treasury Department is authorized to exchange mutilated currency pursuant to 31 U.S.C. 773a and the regulations thereunder, 31 C.F.R. Part 100.

The following statement is now required by the Office of Management and Budget to be printed on all information collections (forms):  
The estimated average burden associated with this collection of information is one hour per respondent or record keeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of Engraving and Printing, Office of Currency Standards, 14th and C Streets, S.W., Washington, D. C. 20228, and to the Offices of Information and Regulatory Affairs, and the Office of Management and Budget, Paperwork Reduction Project (1520-0001), Washington, D. C. 20503.

#### INSTRUCTIONS - PLEASE FOLLOW CAREFULLY

1. **COMPLETION OF FORM.** Fill in all blanks with the information called for. Statements explaining the cause and manner of destruction must prove to the satisfaction of the Department of the Treasury that the missing portions were so completely destroyed that they could never become the basis of a claim against the United States.

2. **EXECUTION OF AFFIDAVIT.** The completed form must be signed and sworn to in the presence of a notary public or similar officer authorized by law to administer oaths. Be sure he fully completes and signs the form provided for his use.

3. **FORWARDING INSTRUCTIONS.** The affidavit, and recovered portions of currency if not previously submitted, must be sent to the Treasury Department, Bureau of Engraving and Printing, OSC/BEPA Room 344 P.O. Box 37048 Washington, D.C. 20013. For the protection of owners, currency should always be sent by registered mail unless covered by insurance or presented in person.

#### PRIVACY ACT INFORMATION

##### General

The information called for on this form is needed in order for the Treasury Department to determine legal ownership of the damaged currency in question or, in some cases, to determine whether the missing portions of currency described in the claim have been totally destroyed.

While responses to this request are voluntary, failure to furnish all of or, part of the requested information may result in a denial of your claim.

Information relating to claims of \$5000 or more will be provided to the Internal Revenue Service.

The Treasury Department is authorized to exchange mutilated currency pursuant to 31 U.S.C. 773a and the regulations thereunder, 31 C.F.R. Part 100.