

Standard Form 1055
September 1967
Title 4, GAD Manual
1055-105

CLAIM AGAINST THE UNITED STATES
FOR
AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR

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 _____, _____ while domiciled in the State of _____.
(Month) (Year)

2. The basis of this claim is as follows:

3. 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 full 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 paragraphs 4, 5, and 6.)

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-

Name

Widow or widower (if none, so state):

Children (if none, so state):

Name Age (if under 21) Street Address City, State, and ZIP Code

Grandchildren (list only the children of deceased children-if none, so state):

Name Age (if under 21) Street Address, City, State, and ZIP Code Name of deceased parent of grandchild

PRIVACY ACT NOTICE

Collection of the information in this Claim form is authorized by 5 U.S.C. § 552a. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your claim. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your claim cannot be processed without it.

INSTRUCTIONS FOR COMPLETING STANDARD FORM 1055

(Use additional paper if necessary)

1. (a) Your relationship to the deceased
(b) Name of the deceased
(c) Date when the deceased died
(d) Name of the State where deceased died
2. Completed by Treasury
3. (a) If the estate has not been probated, put "no", Complete #4, to end the form. If the estate has been probated in court, put "yes"
(b) Insert whether Executor or Administrator only if estate is probated
(c) Name, address, relationship of interested relative or creditor. If the answer is "yes", a currently dated court certificate must be submitted showing your appointment. If the estate has not been probated, the rest of the form must be completed.
4. Widow or Widower
(a) If the deceased was married, put the name of the spouse and if not living put "deceased" after the name and the date the person died. If never married, put "never married"

Children

- (b) List the names of all children, both living and deceased. Put current addresses after the names of the living children and put "deceased" after the names of children who are deceased. If the deceased had no children, put "none"

Grandchildren

- (c) If any of the above children in (b) are deceased, place names and addresses of the children of those deceased children. Place the name of the deceased parent after the name of the child. If the deceased child had no children of their own or never married, so state.

Father & Mother

- (d) If no spouse or children survived the deceased, put the names of deceased's Father and mother in proper place. If deceased, put "deceased" after names. If Living put addresses after names.

Brothers & Sisters

(e) List the names of all brothers and sisters of the deceased, both living and Deceased. Put addresses of the living brothers and sisters and put "deceased" after the names of the deceased brothers and sisters.

Nephews & Nieces

(f) List names and addresses of the children of the deceased brothers and sisters in (e) above.

5. (a) If funeral expenses are paid, put "yes". If not, put "no"
(b) If funeral expenses are paid, a copy of the paid funeral bill should be submitted, showing who paid the bill. If the bill is not available, a statement of explanation is required.
6. (a) The name of the person who paid the funeral bill.
(b) If any insurance money was used to pay the funeral bill, name of the person who was the beneficiary of the insurance.
7. Signature of applicant, date and address
8. Signatures of two witnesses and their addresses.