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 (Re	for amounts due lationship)	from the
	United States in the case of		who died on the	day
		(Name of decedent)		
	of, (Month)	while domic (Year)	ciled in the State of	·
2.	The basis of this claim is as fo	ollows:		
3.	I/we have been duly appointed	d(Executor or Administrate	of the estate of the deceased, as	s evidenced
	by certificate of appointment	nerewith, administration	having been taken out in the interest o	f:
	(Name	, address, and relationship of in	terested relative or creditor)	
	and such appointment is still i	n full force and effect.		
	required, but a short cer	tificate of letters testame	r of the estate of the deceased, no witnentary or of administration must be subte of the deceased, disregard paragrap	omitted.) (If
4. be	If an executor or administrator furnished: The deceased is sur	has not been or will not vived by-	be appointed, the following information	on should
		***************************************	Name	
	idow or widower (if none, so so iildren (if none, so state): <i>Name</i>	ate): Age (if under 21)	Street Address City, State, and ZI	'P Code
Gr	andchildren (list only the child	ren of deceased children	if none, so state):	

f no child or grandchild survives, enter b	Name	Street Address, City, State, a	nd ZIP Code
father (if deceased, so state):			
·	Name	Street Address, City, State, a.	nd ZIP Code
Mother (if deceased, so state):			
Brothers and sisters (if none, so state):	Name	Age (if under 21)	
Nephews and nieces (list only the children Name Age (if under 21) Street Addre or niece	n of deceased b	rothers or sistersif none, so sta and ZIP Code Name of deceased	te) - d parent of nepi
i. Have the funeral expenses been paid?	("Ye	es," or "No.") (If paid, receipted	bill of the
Whose management to the control of	ral evnencec?		
If funeral expenses were paid from the pr	roceeds of an in	surance policy, state the name o	of the beneficia
(f funeral expenses were paid from the profession from the profess	roceeds of an i n RES are impose	d by law for making of false or f	
If funeral expenses were paid from the preference function for the preference function of the preference function of the making	roceeds of an i n RES are impose	d by law for making of false or f	
If funeral expenses were paid from the preference of such policy.) FINES, PENALTIES, and FORFEITUR gainst the United States or the making of	roceeds of an in RES are impose false statemen	d by law for making of false or f ts in connection therewith.	raudulent claim
If funeral expenses were paid from the preference function for the preference of the preference of the preference of the making	roceeds of an in RES are impose false statemen	d by law for making of false or false or false or false in connection therewith. Signature of claimant	Traudulent claim
If funeral expenses were paid from the profession function functio	RES are impose false statemen Date)	d by law for making of false or false or false in connection therewith. Signature of claimant (Street address)	Traudulent claim
If funeral expenses were paid from the profession policy.) FINES, PENALTIES, and FORFEITUR regainst the United States or the making of Signature of claimant (Expenses) (City, State and Zip Code) TWO W	RES are impose false statemen Date)	d by law for making of false or false in connection therewith. Signature of claimant (Street address) (City, State and Zip Code)	Traudulent claim
(Street address) (City, State and Zip Code)	RES are impose false statemen Oate) //ITNESSES Al	d by law for making of false or false or false in connection therewith. Signature of claimant (Street address) (City, State and Zip Code) RE REQUIRED	Traudulent claim
If funeral expenses were paid from the prof such policy.) FINES, PENALTIES, and FORFEITUR against the United States or the making of Signature of claimant (Expenses) (City, State and Zip Code) TWO We certify that we are well acquainted with	RES are impose false statemen Oate) /ITNESSES Al	d by law for making of false or false or false in connection therewith. Signature of claimant (Street address) (City, State and Zip Code) RE REQUIRED	raudulent clain (Date)
If funeral expenses were paid from the prof such policy.) FINES, PENALTIES, and FORFEITUR against the United States or the making of Signature of claimant (Expenses) (City, State and Zip Code) TWO We certify that we are well acquainted with and that the signature(s) of the claimant(s)	RES are impose false statemen Oate) /ITNESSES Alch the above(was (were) aff	d by law for making of false or false in connection therewith. Signature of claimant (Street address) (City, State and Zip Code) RE REQUIRED Name of claimant(s)) ixed in our presence.	Traudulent claim

All un-negotiated Government checks in possession of the claimant, drawn to the order of the decedent and involved in this claim, shall accompany the claim application.

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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The estimated average burden associated with this collection of information is 27 minutes per respondent, including the time to review instructions, search existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of the time estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records and Information Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782.