RESET FORM

OMB No. 1510-0035
Exp. Date:

ASSIGNMENT

KNOW ALL MEN, BY THESE PRESENTS: That I, _____
(name of awardholder-assignor)

(state capacity when other than an individual capacity) residing at _____

_____for valuable consideration, the receipt whereof is hereby acknowledged, do hereby

assign, transfer, and set over unto _____ _____ of my
(name of assignee) (percentage assigned)

right, title and interest in and to the unpaid balance of the award of the Foreign Claims Settlement Commission of the United

States to _____, Claim No. _____,
(name of original awardee)

Decision No. _____. I hereby request and direct the Secretary of the Treasury to make payment directly to

_____ at _____.
(assignee's name) (address of assignee)

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____day of _____, 20 _____

at _____.

_____
(signature of awardholder-assignor)

ACKNOWLEDGEMENT

STATE OF _____)
ss:
COUNTY OF _____)

Before me, _____ in and for the County of _____,

State of _____, on this day personally appeared _____

known to me to be the person _____ whose name _____ subscribed to the foregoing instrument and acknowledged to me

that _____ he _____ executed the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office, this _____ day of _____, A.D. 20_____.

_____
(signature of Notary or other official)

(Seal)

My commission expires _____.

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