

U.S. Victims of State Sponsored Terrorism Fund

List of Individuals Notified of Claim Filing OMB No. 1123-0013 Expires XX/XX/XXXX

You are required to identify all living relatives and potentially interested parties to whom you sent a Notice of Filing Claim. This form includes fields to provide information about the most common individuals who must be notified about the claim.

Complete the applicable sections below. Be sure to include for each individual the method of delivery and the date the Notice of Filing Claim was delivered. If a particular individual is deceased, select "DECEASED" and provide only that individual's name. If the decedent Victim did not have a particular type of relative or other interested party, note that by selecting "NOT APPLICABLE." You must account for all living relatives and potentially interested parties, regardless of whether or not they are included in the Proposed Distribution Plan.

Certification:

I hereby certify that I have provided the required Notice of Filing Claim to all the individuals listed below by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided. If notice was not provided to a particular individual that should be notified about the claim, please provide an explanation on an attached additional page.

Claim Number (if applicable): _____

Name of the Personal Representative/Applicant

Date (mm/dd/yyyy): __/__/___

Signature of Personal Representative/Applicant

Relationship to Decedent Victim

Mother: Deceased (onl	ly name required)				
		First Name		Middle Name	
Mailing Address					
City	State		Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Tal			
Date of Birth		Tele	ephone		
SSN or National ID No. (if availab	le)				
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Date of Delivery://	_				
Please provide a short explanation	if service could not be co	ompleted:			
Father: Deceased (only name required)					

	y name requirea)				
Last Name		First Name		Middle Name	
Mailing Address		•			
City	State		Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Tele	ephone		
SSN or National ID No. (if availab	ole)				
Method of Delivery:					
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Please provide a short explanation	if service could not be c	completed:			

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Spouse:	Deceased (onl	y name required)		lot Applicable		
Last Name				**		
Mailing Addr	ess					
City		State		Zip/Postal Code		Country (if not in U.S.)
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Mailing Addr	ess					
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Date of Birth				Telephone		
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Mailing Addr	ess					
City		State		Zip/Postal Code		Country (if not in U.S.)
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Expires XX/XX/XXXX

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Last Name	First N		lame		ddle Name			
Mailing Address								
City	State		Zip/Postal Code		Country (if not in U.S.)			
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Other: Deceased (on Please describe:	ly name required)	Not	Applicable					
Last Name	Last Name First Name Middle Name							
Mailing Address								
City	State		Zip/Postal Code		Country (if not in U.S.)			
Date of Birth Telephone								
SSN or National ID No. (if availa	ble)							
Method of Delivery:								
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Date of Delivery://								
Please provide a short explanation	n if service could not be o	completed:						

Indicate here the number of additional pages submitted because you need more space.