## **ASSIGNMENT**

(name of aw	vardholder-assignor)
state capacity when other than an individual capacity) residing at	
for valuable consideration, the receipt whereof is hereb	by acknowledged, do hereby
ssign, transfer, and set over unto	of my
(name of assignee)	(percentage assigned)
ight, title and interest in and to the unpaid balance of the award of the Foreign Claims Settleme	ent Commission of the United
tates to, Claim No, 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) at(address of assignee	
(assignee's name) (address of assignee	ee)
IN WITNESS WHEREOF, I have hereunto set my hand and seal thisday of _	, 20
t .	
<u> </u>	
(signature of awardhol	lder-assignor)
	ider-assignor)
<u>ACKNOWLEDGEMENT</u>	
TATE OF)	
county of)	
Before me,in and for the County of	,
tate of, on this day personally appeared	
known to me to be the person whose name subscribed to the foregoing instrum	nent and acknowledged to me
hat he executed the same for the purposes and consideration therein expressed	l.
GIVEN under my hand and seal of office, thisday of	, A.D. 20
(signature of	f Notary or other official)
(Seal)	
My commission expires	

The estimate average burden associated with this collection is 30 minutes per respondent or recordkeeper, 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 the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address provided in the instructions received with the form.