

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 tice hed was add

Name of the Perso	nal Representative/Applicant	_	Claim Number (if a	applicable):	
		_ Date (mm/dd/yyyy): / /			
Signature of Perso	nal Representative/Applicant				
tionship to Deced					
Mother: Deceased (only name required) Last Name		First Name		Middle Name	
Mailing Address					
City	State		Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Te	lephone		
			ерноне		
SSN or National ID No	. (if available)				
		Requested	Other (Describe)		
Hand Delivered Date of Delivery:/ Please provide a short e	explanation if service could not be		Other (Describe)		
Hand Delivered Date of Delivery:/ Please provide a short e	/		Other (Describe)	Middle Name	
Hand Delivered Date of Delivery:/ Please provide a short e Father: Dece Last Name	explanation if service could not be	completed:	Other (Describe)		
Hand Delivered Date of Delivery: / Please provide a short e Father: Dece Last Name Mailing Address	explanation if service could not be assed (only name required)	completed:		Middle Name	
Hand Delivered Date of Delivery: / Please provide a short e Father: Dece Last Name Mailing Address	explanation if service could not be	completed:	Other (Describe)		
Hand Delivered Date of Delivery:/ Please provide a short e Father:	explanation if service could not be assed (only name required)	completed:		Middle Name	
Hand Delivered Date of Delivery:/ Please provide a short of Father: Dece Last Name Mailing Address City Date of Birth	ased (only name required) State	completed:	Zip/Postal Code	Middle Name	
Hand Delivered Date of Delivery:/ Please provide a short of Pather: Dece Last Name Mailing Address City Date of Birth SSN or National ID No Method of Delivery:	explanation if service could not be assed (only name required) State Certified Mail, Return Receipt R	completed: First Name Te.	Zip/Postal Code lephone	Middle Name Country (if not in U.S.)	



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Spouse: Deceased (only	ly name required)		ot Applicable	
Last Name		First Name	e	Middle Name
Mailing Address				
City	State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth	l	Т	elephone	1
SSN or National ID No. (if available	ole)			
Method of Delivery:	Mil Die Die Co	. , [
Hand Delivered Certified		equested 	• Other (Describe)	
Date of Delivery:/ Please provide a short explanation	if sarvice could not be a	ompleted:		
r lease provide a short explanation	ii service could not be c	completed.		
Former Spouse: Decea	ased (only name requ		☐ Not Applicable	
Last Name		First Nam	е	Middle Name
Mailing Address				
City	State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth		Т	elephone	
SSN or National ID No. (if available	ole)			
Method of Delivery: Hand Delivered Certified	Mail Return Receipt Re	equested [Other (Describe)	
Date of Delivery://		equested	Other (Describe)	
Please provide a short explanation	if service could not be c	completed:		
Sibling: Deceased (only	ly name required)	□No	ot Applicable	
Last Name		First Name	e	Middle Name
Mailing Address				
City	State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth		Т	elephone	
SSN or National ID No. (if available	ole)	I		
Method of Delivery:				
☐ Hand Delivered ☐ Certified	Mail, Return Receipt Re	equested \Box	Other (Describe)	
Date of Delivery://				
Please provide a short explanation	if service could not be c	completed:		



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Sibling: 1	Jeceasea (oni	y name required)		Not Applicable		
Last Name			First Na	nme	Mic	ldle Name
Mailing Address						
City		State		Zip/Postal Cod	le	Country (if not in U.S.)
Date of Birth				Telephone		
SSN or National I	D No. (if availab	le)				
Method of Delive	ry:					
Hand Deliver	ed Certified	Mail, Return Receipt Re	equested	Other (Describe)		
Date of Delivery:						
Please provide a s	hort explanation	if service could not be c	ompleted	:		
	Deceased (only	y name required)		Not Applicable		
Last Name			First Na	ime	Mic	ldle Name
Mailing Address						
City		State		Zip/Postal Coo	le	Country (if not in U.S.)
Date of Birth				Telephone		
SSN or National I		le)				
Method of Delive	·			5		
		Mail, Return Receipt Re	equested	Other (Describe)		
Date of Delivery:						
Please provide a s	hort explanation	if service could not be c	completed			
Child:	Deceased (onl	y name required)		Not Applicable		
Last Name			First Na		Mic	ldle Name
Mailing Address						
City		State		Zip/Postal Cod	le	Country (if not in U.S.)
Date of Birth	-			Telephone		
SSN or National I	D No. (if availab	le)	"			
Method of Delive	ry:					
Hand Deliver	ed Certified	Mail, Return Receipt Re	equested	Other (Describe)	·	
Date of Delivery:	//	_				
Please provide a s	hort explanation	if service could not be c	completed	:		



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Partner: Dece	ased (only name requ	ired)	
Last Name		First Name	Middle Name
Mailing Address		I	I
City	State	Zip/Postal Code	Country (if not in U.S.)
Date of Birth	I	Telephone	
SN or National ID No	o. (if available)		
Date of Delivery:		eceipt Requested Other (Describe)	
Please provide a short of	explanation if service could	I not be completed:	
Other: Dece	ased (only name requ	ired) Not Applicable	
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	o. (if available)		
Method of Delivery:	Cartified Mail Patura P	eceipt Requested Other (Describe)	
Date of Delivery:/		eccipi Requested	
	explanation if service could	I not be completed:	
I			