CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE
RCW 49.48.120
(DECLARATION FORM)

STATE OF WASHINGTON)
)
_____ COUNTY)

Warrant/Check No(s)_____
_____
Fund_____

1. In the matter of the amounts due to deceased employee _____ employed by _____
(Print legal name of deceased employee) (Name of state agency)
of the State of Washington at the time of his/her death.

2. _____ declares under penalty of perjury that he or she is:
(Name of Claimant)

☐ The legally married spouse of the deceased;

☐ A child of the deceased (if multiple children of deceased, each child must sign a claim form to obtain proportionate share of amounts due deceased unless all children sign a separate form that states one child, on behalf of all children, can take entire portion owed the deceased); or

☐ A parent of the deceased (if parents of deceased are married, only one parent need sign the claim form; if parents divorced, each must sign separate claim forms and each will receive half of what is owed to deceased).

3. No personal representative, executor or administrator of the deceased employee's estate has been appointed.

4. Check one of the following:

☐ Claim is made for the amount due the deceased employee for labor, services performed and/or expense reimbursements or allowances, not exceeding the sum of $11,500*, or

*Beginning July 1,2005, an amount calculated pursuant to RCW 49.48.120(2)(increase based on the Seattle CPI)

☐ Claim is made for the full amount due the deceased employee for labor, services performed or expense reimbursements or allowances which claim is allowed because the deceased employee and the claimant had entered into a community property agreement (CPA) (attach copy of the agreement), the CPA was executed in good faith, was not rescinded by the parties before the deceased employee's death, and upon the death of the deceased employee, the indebtedness owing to the employee became the sole property of the surviving spouse.

_____
Signature of Claimant Date