CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE
MULTIPLE CHILDREN
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. The undersigned claimants declare under penalty of perjury that they are the biological and/or legally adopted children of the deceased.

3. The undersigned agree that our sibling, _____, shall accept the entire amount due the deceased on our behalf.
(Name of sibling)

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

5. 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*.

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

_____
Signature of Claimant Date

_____
Signature of Claimant Date

_____
Signature of Claimant Date

_____
Signature of Claimant Date

Note: Additional signature lines may be added as needed

OFM/07'09