CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE
RCW 49.48.120

(AFFIDAVIT FORM)

STATE OF WASHINGTON
_____COUNTY

Warrant/Check No(s) _____
_____
Fund _____

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

2. I am (check one of the following):

   ☐ The legally married spouse or domestic partner registered in the state of Washington of the deceased;

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

   ☐ A parent of the deceased (if parents of the deceased are married or domestic partners registered in the state of Washington, only one parent need sign the claim form; if parents are divorced or their domestic partnership registered in the state of Washington has been dissolved, each must sign separate claim forms and each will receive half of what is owed to the 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 to the deceased employee for labor, services performed and/or expense reimbursements or allowances, or

   ☐ Claim is made for the full amount due to 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into a community property agreement (CPA) (attach copy of the agreement), the CPA was executed in good faith, was not rescinded by the parties before the deceased employee's death, and upon the death of the deceased employee, the indebtedness owing to the employee became the sole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 or domestic partner registered in the state of Washington.

_____
Signature of Claimant Date

Subscribed to and sworn before me this _____ day of _____, 20 _____ .

_____
Notary Public for the state of Washington, residing at

_____

OFM 06/2018