

**CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE
MULTIPLE CHILDREN
RCW 49.48.120
(AFFIDAVIT FORM)**

STATE OF WASHINGTON

Warrant/Check No(s) _____

_____ COUNTY

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. We are the biological and/or legally adopted children of the deceased.
3. We, the undersigned, agree that our sibling, _____, shall
(Name of sibling)
accept the entire amount due the deceased on our behalf.
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

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

*Notary Public for the State
Of Washington, residing at*

Signature of Claimant Date

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

*Notary Public for the State
Of Washington, residing at*

CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE
MULTIPLE CHILDREN - continued

Signature of Claimant Date

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

*Notary Public for the State
Of Washington, residing at*
_____.

Signature of Claimant Date

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

*Notary Public for the State
Of Washington, residing at*
_____.

*Note: Additional
signature lines may
be added as needed.*