h Street			ATH BENEFIT	S ₅ 2 5	READ INST	(b)(6 (b)(3 RUCTIONS BEFORE T THIS FORM.
	T A. GEN	ERAL INFORMATIO	N CONCERNIN	G THE DECEASE	Đ	φ.
	(Last) ANCI JO	• • •	Idle) 2. DATE OF Month FEB	Day Year	Month	
AGENCY IN WHIC	H LAST EMPLOY	•	•	iy and State)	(If Di	OF FINAL SEPARATION Ferent From Date of Death Day Yea
			dence at Time of Death—City and State)			
LUDING OLD-AG	AN RETIRE- E AND SUR- HTY)?	YES	X NO	E MILITARY FORCES OF	F THE U.S.	х. Холон да
YES NO GIVE CLAIM NUMBER, UNK IF KNOWN UNK		BRANCH OF SERVICE SERIAL NO.		GRADE OR RANK		ORGANIZATION AT TIME OF DEATH (Regiment, Co., etc.)
			·			
esignation of B ix to the right ORM 54 IS N	eneficiary (Si , and comple OT ATTACH	andard Form 54) to ate Part F. on the ot ED, YOU MUST CO	this claim, give yo her side. IF A RI MPLETE ALL PAI	our age and relation	on- OF	Your Age 25 Relationship to Deceased SON
······				······································		
	3. GIVE NAME OF EACH SPOUSE (Including all former marriages)			4. HOW WAS MARRIAG MINATED? (check a each case)	one in	5. DATE MARRIAGE WAS TERMINATED
				DEATH X DIVORCE Oct 61		
					VORCE	
				DEATH DI	VORCE	
	PART C.	INFORMATION CO	NCERNING TH	E CLAIMANT		
(Last)	(First)	(Middle)	2. YOUR RELA THE DECEA	ATIONSHIP TO 3.	YOUR DATE Month	OF BIRTH Day Year
Çaranci	John	7 6. Jr.	Son			21 CATTT1945
	BLANKS 4 THR				····	AS PERFORMED BY
		5 20				AN OR JUSTICE OF PEAC
WITH DECEASED	AT TIME OF DE	ATH?				, WAS THERE A DIVORCE
1	EASED, GIVE DAT	TE AND PLACE OF DIVORO	MENT G	IVING COMPLETE DET	AILS COVER	ING PERIOD OF SEPARA
		H SPOUSE (Include all		ARRIAGE TERMINATED?		E MARRIAGE WAS TER
		1arria ges)		(Check one in each case)		ATED
	ner marriages)		DEATH	DIVORCE		
						· · · · · · · · · · · · · · · · · · ·
	E DECEASED CAR AGENCY IN WHIC AU OR DIVISION RETIRED AND RECI IT FEDERAL CIVIL CLUDING OLD-AG CE (SOCIAL SECUR NO UNK CE (SOCIAL SECUR NO UNK COM 54 IS NO PAR WAS ORM 54 IS NO CARACL PAR WAS CARACL INO CARACL CARACL CARACL CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL NO CARACL COM CARACL CARACL NO	He Street York 10010 PART A. GEN E DECEASED (Last) CARANCI JO AGENCY IN WHICH LAST EMPLOY IN OR DIVISION INC INK INK <td>FEDERAL EMPLOY INSURAN PART A. GENERAL INFORMATIO PART A. GENERAL INFORMATIO CARANCI JOEN C. XXX AGENCY IN WHICH LAST EMPLOYED, UO OR DIVISION S. LOCATION OF L WASH INGTO 64 Eddy AGENCY IN WHICH LAST EMPLOYED, UO OR DIVISION S. LOCATION OF L WASH INGTO 64 Eddy RETIRED AND RECEIVING AN- UNG ECOSCIAL SECURITY?? 9. (a) WAS DECEASED ON G (SOCIAL SECURITY?? NO 9. (b) IF "YES." STATE BE P. (b) IF "YES." STATE DE BRANCH OF SERVICE MINK BRANCH OF SERVICE JNO 9. (c) WAS DECEASED ON C (SOCIAL SECURITY?? ASED NAMED YOU AS BENEFICIARY ON STAN esignation of Beneficiary (Standard Form 54) to 50x to the right, and complete Part F. on the ot FORM 54 IS NOT ATTACHED, YOU MUST CO FORM 54 IS NOT ATTACHED, YOU MUST CO Former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marr</td> <td>Historet w York 10010 FEDERAL EMPLOYEES' GROUP LI INSURANCE ACT; O PART A. GENERAL INFORMATION CONCERNIN CARANCI JOEN C. XXX PEB ACENCY IN WHICH LAST EMPLOYED, UN OR DIVISION S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC 2. DATE OF Month PEB ACENCY IN WHICH LAST EMPLOYED, UN OR DIVISION S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC ACENCY IN WHICH LAST EMPLOYED, WITHEDEAL SECURITY? S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC NO ETIRED AND RECEIVING AND SUP- CLUDING OLD-AGE AND SUP- CLUDING OLD-A</td> <td>In Street Work 10010 FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT; F PART A. GENERAL INFORMATION CONCERNING THE DECEASI (Law) (Middle) 2. DATE OF BIRTH Dogy Year CA.HANOI JOEM C. XEX 2. DATE OF BIRTH Dogy Year AGENCY IN WHICH LAST EMPLOYED, UN OR DIVISION S. LOCATION OF LAST EMPLOYMENT (CHy and State) S. LOCATION OF LAST EMPLOYMENT (CHy and State) MASE INFORMATION WASE INFORMATION DC S. LOCATION OF LAST EMPLOYMENT (CHy and State) MASE INFORMATION DC MODING OLD-AGE AND SUB- CUUDING OLD-AGE AN</td> <td>FEDERAL EMPLOYEES' GROUP LIFE FILING OU PART A. GENERAL INFORMATION CONCERNING THE DECEASED CARANOT JOEM C. XXX A CONCERNING THE DECEASED S CONCLUMENT (City and State) CONCLUMENT (City and State) VIENTIAL CONTLAR FIRE CALOND AND PORT OF SERVICE SERVICE SERVICE CONT OF CARANT CUIDING CIDACIG AND SUPER (CITY ON STANDARD FORM 54 attach a receipted esignation of Beneficiary (Standard Form S4) to this claim, give your age and relation-ox to the right, and complete Part F. an the origin of Beneficiary (Standard Form S4) to this claim, give your age and relation-ox to the right, and complete Part F. an t</td>	FEDERAL EMPLOY INSURAN PART A. GENERAL INFORMATIO PART A. GENERAL INFORMATIO CARANCI JOEN C. XXX AGENCY IN WHICH LAST EMPLOYED, UO OR DIVISION S. LOCATION OF L WASH INGTO 64 Eddy AGENCY IN WHICH LAST EMPLOYED, UO OR DIVISION S. LOCATION OF L WASH INGTO 64 Eddy RETIRED AND RECEIVING AN- UNG ECOSCIAL SECURITY?? 9. (a) WAS DECEASED ON G (SOCIAL SECURITY?? NO 9. (b) IF "YES." STATE BE P. (b) IF "YES." STATE DE BRANCH OF SERVICE MINK BRANCH OF SERVICE JNO 9. (c) WAS DECEASED ON C (SOCIAL SECURITY?? ASED NAMED YOU AS BENEFICIARY ON STAN esignation of Beneficiary (Standard Form 54) to 50x to the right, and complete Part F. on the ot FORM 54 IS NOT ATTACHED, YOU MUST CO FORM 54 IS NOT ATTACHED, YOU MUST CO Former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marriages) YAS 3. GIVE NAME OF EACH SPOUSE (Includ former marr	Historet w York 10010 FEDERAL EMPLOYEES' GROUP LI INSURANCE ACT; O PART A. GENERAL INFORMATION CONCERNIN CARANCI JOEN C. XXX PEB ACENCY IN WHICH LAST EMPLOYED, UN OR DIVISION S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC 2. DATE OF Month PEB ACENCY IN WHICH LAST EMPLOYED, UN OR DIVISION S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC ACENCY IN WHICH LAST EMPLOYED, WITHEDEAL SECURITY? S. LOCATION OF LAST EMPLOYMENT (CI WASHINGTON DC NO ETIRED AND RECEIVING AND SUP- CLUDING OLD-AGE AND SUP- CLUDING OLD-A	In Street Work 10010 FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT; F PART A. GENERAL INFORMATION CONCERNING THE DECEASI (Law) (Middle) 2. DATE OF BIRTH Dogy Year CA.HANOI JOEM C. XEX 2. DATE OF BIRTH Dogy Year AGENCY IN WHICH LAST EMPLOYED, UN OR DIVISION S. LOCATION OF LAST EMPLOYMENT (CHy and State) S. LOCATION OF LAST EMPLOYMENT (CHy and State) MASE INFORMATION WASE INFORMATION DC S. LOCATION OF LAST EMPLOYMENT (CHy and State) MASE INFORMATION DC MODING OLD-AGE AND SUB- CUUDING OLD-AGE AN	FEDERAL EMPLOYEES' GROUP LIFE FILING OU PART A. GENERAL INFORMATION CONCERNING THE DECEASED CARANOT JOEM C. XXX A CONCERNING THE DECEASED S CONCLUMENT (City and State) CONCLUMENT (City and State) VIENTIAL CONTLAR FIRE CALOND AND PORT OF SERVICE SERVICE SERVICE CONT OF CARANT CUIDING CIDACIG AND SUPER (CITY ON STANDARD FORM 54 attach a receipted esignation of Beneficiary (Standard Form S4) to this claim, give your age and relation-ox to the right, and complete Part F. an the origin of Beneficiary (Standard Form S4) to this claim, give your age and relation-ox to the right, and complete Part F. an t

ĩ

(CONTINUED ON OTHER SIDE)

.

FILL IN PARTS D. AND E. ONLY IF YOU ARE NOT THE DESIGNATED BENEFICIARY OR THE WIDOW OR WIDOWER OF THE DECEASED.

PART D. INFORMATION CONCERNING NEXT OF KIN OF DECEASED

1. List below the name, age, relationship, and address of:

(a) Widow or widower;

(b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (including adopted child or illegitimate child, stating which class it is) and the descendants of any deceased child or children;

Ę.,

(c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;

(d) If there are no survivors within the degrees indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

NAME AGE PELATION PRIP TO DECENSED ADDRESS OLT OLT OLT OLT PILL IN BLANKS 2, AND 3, ONLY IF ANY OF THE PERSONS USTED ADOVE ARE UNDER AGE 21. OLT OLT 2. If A GUARDAN MAS ERM ADVOINTO BY THE CONT YOR THE EXTER OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTER OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTERNOL OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTER OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTER OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTER OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTER OF ANY AND OT CONTROL INTER UNDERSON CONTROL AND AND ATTACH TO YOR THE EXTER OF THE DECEASED 2. If AN EXECUTIVE CONTROL AND AND ATTACH TO YOR THE EXTER OF THE DECEASED NAME ADDRESS OLT 1. If AN EXECUTOR OR ADMINISTRATOR HAS EREN APPOINTED BY THE COURT TO SETLE THE ESTATE OF THE DECEASED If ANY EXECUTOR OR ADMINISTRATOR HAS EREN APPOINTED BY THE COURT TO SETLE THE ESTATE OF THE DECEASED NAME ADDRESS OLT 1. If AN EXECUTOR OR ADMINISTRATOR HAS EREN APPOINTED BY THE COURT TO SETLE THE ESTATE OF THE DECEASED If ANY EXECUTOR OR ADMINISTRATOR HAS EREN APPOINTED BY THE COURT TO SETLE THE ESTATE OF THE DECEASED NAME ADDRESS OLT ANY ESTATE OF THE DECEASED If ANY EXECUTOR OR ADMINISTRATOR HAS EREN APPOINTED BY THE COURT TO SETLE THE ESTATE OF THE DECEASED NAME ADDRESS OLT ANY ESTATE OF THE DECEASED If ANY EXECUTOR OR ADMINISTRATOR	deceased (brothers, sisters, descendants	s of deceased brother	rs, sisters, etc.).					
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COUTT FOR THE ESTATE OF ANY MINOR CHILDREN MEDIC OUR NAME AND ADDRESS OF OLIVEROLA AND ATTACH EDOR ATTACH EDOR OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP. 3. IF A GUARDIAN HAS NOT BEEN APOINTED, WILL ONE BE APPOINTED? NAME ADDRESS	NAME	AGE		ADDRESS				
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COUTT FOR THE ESTATE OF ANY MINOR CHILDREN MEDIC OUR NAME AND ADDRESS OF OLIVEROLA AND ATTACH EDOR ATTACH EDOR OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP. 3. IF A GUARDIAN HAS NOT BEEN APOINTED, WILL ONE BE APPOINTED? NAME ADDRESS								
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COUTT FOR THE ESTATE OF ANY MINOR CHILDREN MEDIC OUR NAME AND ADDRESS OF OLIVEROLA AND ATTACH EDOR ATTACH EDOR OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP. 3. IF A GUARDIAN HAS NOT BEEN APOINTED, WILL ONE BE APPOINTED? NAME ADDRESS	-							
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COUTT FOR THE ESTATE OF ANY MINOR CHILDREN MEDIC OUR NAME AND ADDRESS OF OLIVEROLA AND ATTACH EDOR ATTACH EDOR OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP. 3. IF A GUARDIAN HAS NOT BEEN APOINTED, WILL ONE BE APPOINTED? NAME ADDRESS								
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COURT FOR THE ESTATE OF ANY MINOS CHILDREN MEDVE OUR NAME AND ADDRESS OF OLIVERDA AND ATTENTED OF ANY MINOS CHILDREN MARKE OF COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE 2. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? NAME ADDRESS								
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COURT FOR THE ESTATE OF ANY MINOS CHILDREN MEDVE OUR NAME AND ADDRESS OF OLIVERDA AND ATTENTED OF ANY MINOS CHILDREN MARKE OF COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE 2. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? NAME ADDRESS				1				
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COURT FOR THE ESTATE OF ANY MINOS CHILDREN MEDVE OUR NAME AND ADDRESS OF OLIVERDA AND ATTENTED OF ANY MINOS CHILDREN MARKE OF COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE 2. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? NAME ADDRESS								
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COURT FOR THE ESTATE OF ANY MINOS CHILDREN MEDVE OUR NAME AND ADDRESS OF OLIVERDA AND ATTENTED OF ANY MINOS CHILDREN MARKE OF COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE 2. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? NAME ADDRESS								
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COUTT FOR THE ESTATE OF ANY MINOR CHILDREN MEDIC OUR NAME AND ADDRESS OF OLIVEROLA AND ATTACH EDOR ATTACH EDOR OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP. 3. IF A GUARDIAN HAS NOT BEEN APOINTED, WILL ONE BE APPOINTED? NAME ADDRESS		······		· · · · · · · · · · · · · · · · · · ·				
HL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21. 2. IF A GUARDIAN HAS BEEN APOINTED BY THE COUTT FOR THE ESTATE OF ANY MINOR CHILDREN MEDIC OUR NAME AND ADDRESS OF OLIVEROLA AND ATTACH EDOR ATTACH EDOR OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP. 3. IF A GUARDIAN HAS NOT BEEN APOINTED, WILL ONE BE APPOINTED? NAME ADDRESS								
PA GUADDAN MAS BEEN APPOINTED BY THE COURT FOR THE ESTATE OF ANY MINOS CHILDREN APPOINTED, WILL ONE BE APPOINTED SUBJOINT ON TOXADIANTIC. APPOINTED, WILL ONE BE APPOINTED SUBJOINT CONSTITUTE GUADDIANSHIP. ADDRESS ADDRESS PART E. INFORMATION CONCERNING THE ESTATE OF THE DECLASED PART E. INFORMATION CONCERNING THE ESTATE OF THE DECLASED THE DECLASED, GIVE NAME AND ADDRESS. ADDRESS PART E. CERTIFICATION BY CLAIMANT PART F. CERTIFICATION CONCERNING AND ADDRESS PART F. CERTIFICATION BY CLAIMANT PART F. CERTIFICATION CONCERNING AND ADDRES	0.12	· · · ·			GG OT			
ABJES OF THE AREA AND ADDRESS OF GUADADAN AND ATACH COPY OF THE APPOINTED, WILL ONE BE APPOINTED? AMME	FILL IN BLANKS 2. AND 3. ONLY IF ANY	OF THE PERSONS LI	STED ABOVE ARE UNDER A	GE 21.				
NAME	ISSUED BY THE COURT, NATURAL PARENT.		L CORV OF THE ADDOINTHEN		AS NOT BEEN ONE BE APPOINTED?			
PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED PART F. CERTIFICATION BY THE COURT TO SETTLE THE ESTATE OF PART F. CERTIFICATION BY CLAIMANT PART F. CERTIFICATION CONCERNING BY CLAIMANT PART F.	DOES NOT CONSTITUTE GUARDIANSHIP.				MO			
1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS. 2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED; NAME ADDRESS		ADDRESS						
Interpretation Give NAME AND ADDRESS. NAME	PART E. IN	FORMATION CO	ONCERNING THE ESTA	TE OF THE DECEASED	· · · · · · · · · · · · · · · · · · ·			
ADDRESS PART F. CERTIFICATION BY CLAIMANT PART F. CERTIFICATION BY CLAIMANT 1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external and accidental means)? If "YES" submit coroner's and police reports, news clippings and any other available reports concerning the accident. No claim for such benefits prior to the date injuries were sustained which caused the death of the insured. I hereby certify that all statements made in this claim are true to the best of my knowledge. information and belief. and that no evidence thereto is subject to punishment of not more than \$10,000 or imprisonment of not more than \$10,000 or impri	THE DECEASED, GIVE NAME AND ADDRESS. HAS NOT BEEN APPOINTED, WILL ONE							
1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external and accidental means)? If "YES" submit coroner's and police reports, news clippings and any other available reports concerning the accident. No claim for such benefits can be considered if the date of insured's separation or retirement is prior to the date injuries were sustained which caused the death of the insured. YES X NO I hereby certify that all statements made in this claim are true to the best of my knowledge, information and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld. T T T WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment	NAME	ADDRESS						
1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external and accidental means)? If "YES" submit coroner's and police reports, news clippings and any other available reports concerning the accident. No claim for such benefits are the date of insured's separation or retirement is prior to the date injuries were sustained which caused the death of the insured. YES X NO I hereby certify that all statements made in this claim are true to the best of my knowledge, information and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld. T T T WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than								
violent, external and accidental means)? If "YES" submit coroner's and police reports, news YES X NO clippings and any other available reports concerning the accident. No claim for such benefits YES X NO can be considered if the date of insured's separation or retirement is prior to the date injuries Were sustained which caused the death of the insured. YES X NO I hereby certify that all statements made in this claim are true to the best of my knowledge, information and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. T T WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) (NAME OF CLAIMANT-TYPE OR PRINT) I Nov 1970 (NUMBER AND STREET) (NUMBER AND STREET)		PART F. CE	RTIFICATION BY CLA	MANT				
I hereby certify that all statements made in this claim are true to the best of my knowledge, information and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.	violent, external and accidental means)? If "YES" submit coroner's and police reports, news clippings and any other available reports concerning the accident. No claim for such benefits can be considered if the date of insured's separation or retirement is prior to the date injuries							
Image: Normal State Sta	I hereby certify that all statements n	nade in this claim ar	· · · · · · · · · · · · · · · · · · ·	owledge, information and belief.	and that no evidence			
WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) I Nov 1970	necessary to a settlement of this claim is supp	ressed or withheld.						
in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) <u>1 Nov 1970</u> (NUMBER AND STREET)	WARNING.—Any intentional false	statement	-					
more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) <u>1 Nov 1970</u> (NUMBER AND STREET)					· · ·			
(NUMBER AND STREET)	more than \$10,000 or imprisonment of	not more	(NAME C	DF CLAIMANT-TYPE OR PRINT)				
1 Nov 1970	than 5 years, or both. (18 U.S.C. 1001)	·		NUMBER AND STREET	·			
	1 Nov 1970							
	(DATE)		(CITY	, STATE, / ZIP CODE)				