



U.S. Victims of State Sponsored Terrorism Fund Certification of Personal Representative

Name of Applicant (Personal Representative)	Claim Number (if available)
Name of Decedent Victim	

I submit this certification in connection with the claim I filed with the U.S. Victims of State Sponsored Terrorism Fund on behalf of the estate of the Decedent Victim.

I understand that I have a continuing obligation to update claim information, including information concerning my authority to represent the estate of the Decedent Victim.

I am still the authorized Personal Representative of the estate of the Decedent Victim.

My status as Personal Representative is not the subject of pending litigation or other dispute.

I will distribute the USVSST Fund award in a manner consistent with the Decedent Victim's will, the law of the Decedent Victim's domicile, or a ruling by a court of competent jurisdiction; or in accordance with the terms of an agreement among all beneficiaries who would be entitled to a share of the award.

Signature of Applicant/Personal Representative

**Date of Signature
(mm/dd/yyyy)**