



U.S. Victims of State Sponsored Terrorism Fund

List of Individuals Notified of Claim Filing

OMB No. 1123-0013

Expires 12/31/2019

You are required to identify all living relatives and potentially interested parties to whom you sent a Notice of Filing Claim. This form includes fields to provide information about the most common individuals who must be notified about the claim.

Complete the applicable sections below. Be sure to include for each individual the method of delivery and the date the Notice of Filing Claim was delivered. If a particular individual is deceased, select "DECEASED" and provide only that individual's name. If the decedent Victim did not have a particular type of relative or other interested party, note that by selecting "NOT APPLICABLE." You must account for all living relatives and potentially interested parties, regardless of whether or not they are included in the Proposed Distribution Plan.

Certification:

I hereby certify that I have provided the required Notice of Filing Claim to all the individuals listed below by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided. If notice was not provided to a particular individual that should be notified about the claim, please provide an explanation on an attached additional page.

Name of the Personal Representative/Applicant

Claim Number (if applicable): _____

Signature of Personal Representative/Applicant

Date (mm/dd/yyyy): __/__/____

Relationship to Decedent Victim

Mother: Deceased (*only name required*)

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					

Father: Deceased (*only name required*)

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					



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Spouse: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	
Country (if not in U.S.)					
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					

Former Spouse: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	
Country (if not in U.S.)					
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					

Sibling: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	
Country (if not in U.S.)					
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					



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Sibling: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/_____							
Please provide a short explanation if service could not be completed:							

Child: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/_____							
Please provide a short explanation if service could not be completed:							

Child: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/_____							
Please provide a short explanation if service could not be completed:							



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Partner: Deceased (*only name required*) Not Applicable

Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/_____							
Please provide a short explanation if service could not be completed:							

Other: Deceased (*only name required*) Not Applicable

Please describe:							
Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/_____							
Please provide a short explanation if service could not be completed:							

Indicate here the number of additional pages submitted because you need more space.