



7772 N. Palm Ave.
Fresno, CA 93711
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(559) 457-0681 p.
(559) 457-0318 f.

Claimant's Statement

STATE OF _____)

COUNTY OF _____)

I, _____, being duly sworn, state that
Your Name

_____ died in the City of _____,
Name of Deceased

County of _____, State of _____, on or about _____.

I further state that I am _____ years of age, having been born on _____, and in

the capacity of Beneficiary / Executor and _____ of the deceased, make
circle one Relationship

claim to any death benefit that may be payable with respect to the deceased. I hereby declare, under penalty of perjury, that the foregoing statement is true and correct.

CLAIMANT INFORMATION

Signature

Social Security Number

Address (Street or P.O Box/City/State/Zip Code)

NOTARY INFORMATION

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____, a Notary Public personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument of the peron(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(SEAL)