CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE MULTIPLE CHILDREN RCW 49.48.120

(AFFIDAVIT FORM)

STATE OF WASHINGTON COUNTY		Warrant/Check No(s)		
-	COUNT			
1.	In the matter of the amounts due to the deceased e	employee (Print legal name of deceation) of the state of Washington at th		
2.	We are the children of the deceased.			
3.	We, the undersigned, agree that our sibling on our behalf.	(Name of sibling)	ie entire amount due t	o the deceased
4.	No personal representative, executor or administration	tor of the deceased employee's estate I	has been appointed.	
5.	Claim is made for the amount due to the deceased allowances.	employee for labor, services performed	1 and/or expense reim	bursements or
		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 Washin	ngton, residing at	

OFM 06/2018

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 Washin	gton, residing at	

Note: Additional signature lines may be added as needed.