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

(AFFIDAVIT FORM)

S	TATE OF WASHINGTON	Warrant/Check	: No(s)
_	COUNTY		
1.	In the matter of the amounts due to the deceased e	employee(Print legal name of deco	eased employee)
	(Name of state agency)	of the state of Washington at the	ie time of his/her death.
2.	We are the children of the deceased.		
3.	We, the undersigned, agree that our siblingon our behalf.	(Name of sibling) shall accept t	he entire amount due to the deceased
4.	No personal representative, executor or administra	tor of the deceased employee's estate	has been appointed.
ō.	Claim is made for the amount due to the deceased allowances.	employee for labor, services performe	d and/or expense reimbursements or
		Signature of Claimant	Date
	Subscribed to and sworn before me this	day of	, 20
		Notary Public for the state of Washi	ngton, residing at
		Signature of Claimant	 Date
	Subscribed to and sworn before me this	day of	, 20
		Notary Public for the state of Washi	ngton, residing at

## 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 Washing	gton, residing at	
	Signature of Claimant	Date	
Subscribed to and sworn before me this	day of	, 20	
	Notary Public for the state of Washington, residing at		

Note: Additional signature lines may be added as needed.