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

(DECLARATION FORM)

S	TATE	E OF WASHINGTON	Warrant/Check No(s)		
-		COUNTY			
1.	In the matter of the amounts due to the deceased em		nployee	employee)	
		(Print legal name of deceased employee) of the state of Washington at the time of his/her death.			
		(Name of state agency)			
2.		declares u (Name of Claimant)	nder penalty of perjury that he or she is:		
		The legally married spouse or domestic partner registered in the state of Washington of the deceased;			
☐ A child of the deceased (if multiple children of the deceased, each child must sign a claim of amounts due to the deceased unless all children sign a separate form that states one chake entire portion owed to the deceased); or					
		A parent of the deceased (if parents of the dece Washington, only one parent need sign the clai state of Washington has been dissolved, each the deceased).	m form; if parents are divorced or their don	nestic partnership registered in the	
3.	No	No personal representative, executor or administrator of the deceased employee's estate has been appointed.			
4.	Che	eck one of the following:			
		Claim is made for the amount due to the deceased employee for labor, services performed and/or expense reimbursements or allowances, not exceeding the sum of \$13,500*, or			
	*Be	*Beginning July 1, 2017, an amount calculated pursuant to RCW 49.48.120(2) (increase based on the Seattle CPI).			
		Claim is made for the full amount due to the deceased employee for labor, services performed or expense reimbursements or allowances which claim is allowed because the deceased employee and the claimant had entered into a community property agreement (CPA) (attach copy of the agreement), the CPA was executed in good faith, was not rescinded by the parties before the deceased employee's death, and upon the death of the deceased employee, the indebtedness owing to the employee became the sole property of the surviving spouse or domestic partner registered in the state of Washington.			
			Signature of Claimant	 Date	