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

(DECLARATION FORM)

STATE OF WASHINGTON
_____COUNTY

Warrant/Check No(s) _____
_____
Fund _____

1. In the matter of the amounts due to the deceased employee _____ employed by
   (Print legal name of deceased employee)
   _____ of the state of Washington at the time of his/her death.
   (Name of state agency)

2. The undersigned claimants declare under penalty of perjury that they are the children of the deceased.

3. We, the undersigned, agree that our sibling _____ shall accept the entire amount due to the deceased
   (Name of sibling)
   on our behalf.

4. No personal representative, executor or administrator of the deceased employee's estate has been appointed.

5. Claim is made for the amount due to the deceased employee for labor, services performed and/or expense reimbursements or allowances,.

_____
Signature of Claimant Date

_____
Signature of Claimant Date

_____
Signature of Claimant Date

_____
Signature of Claimant Date

Note: Additional signature lines may be added as needed.