

File  
94-3-29

VETERANS ADMINISTRATION  
Adjudication Form 601

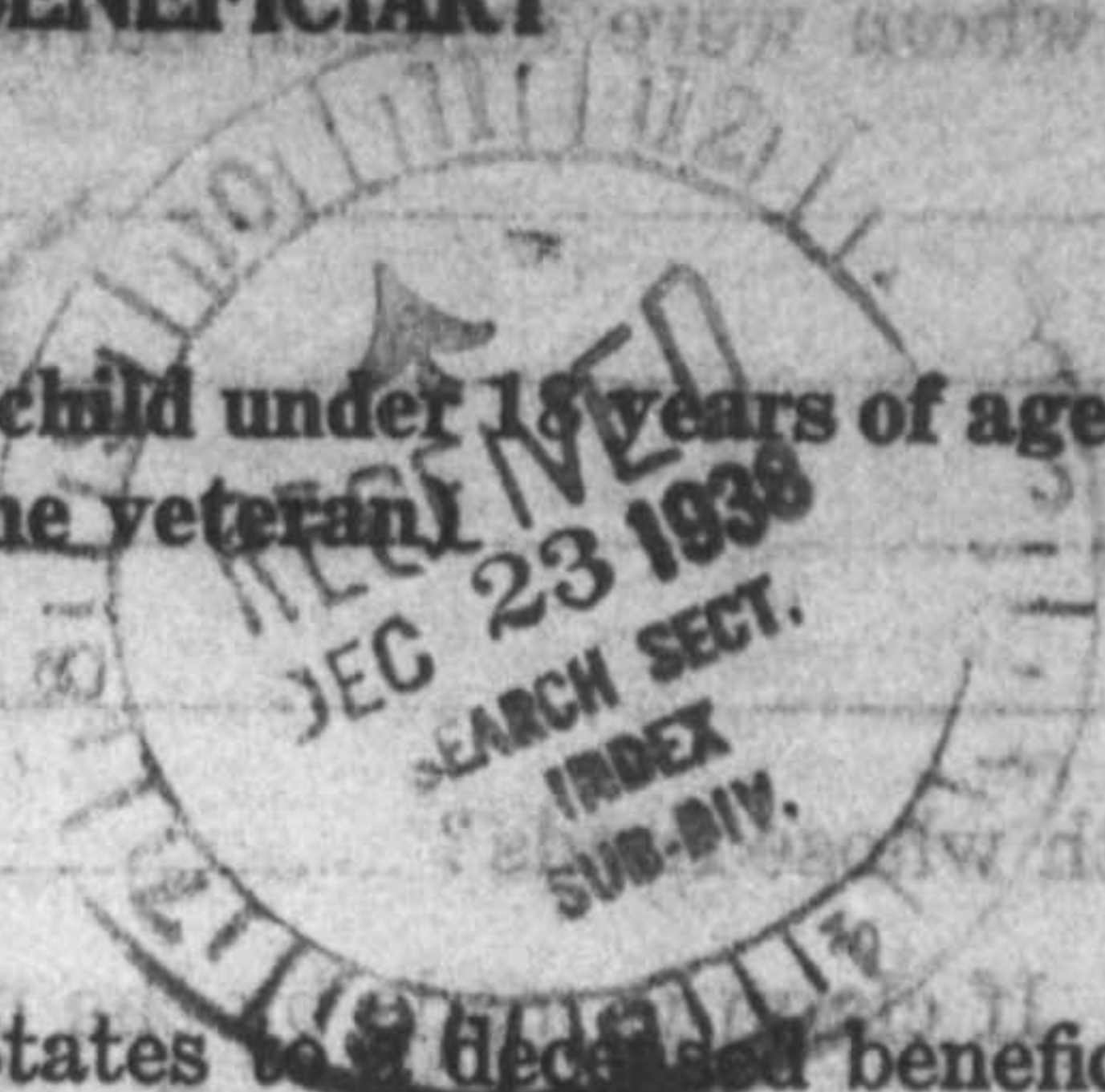


*Pension*  
Claim No. 1046814  
SMOTHERS - John  
(Name of veteran)

**APPLICATION OF PERSON WHO BORE EXPENSE OF BURIAL, FOR REIMBURSEMENT FROM ACCRUED AMOUNTS DUE A DECEASED BENEFICIARY**

(Title I, Public No. 2, 73d Congress)

(Do not use this form if the deceased beneficiary left a widow or a child under 18 years of age, except when deceased was a mother or father of the veteran)



Applicants for payment of the amount due from the United States to a deceased beneficiary at time of death will avoid delay in payment to them of such proceeds by clearly indicating the required information and furnishing the necessary supporting evidence.

Claim should be executed by the person who paid the expense of funeral, burial, and transportation or if unpaid, by the unpaid creditor. The certificate in the lower left corner of the second page of this form must be signed by the person who fills in the blank spaces.

Each funeral, burial, and transportation bill must be submitted on the regular billhead of the creditor, must be fully itemized, must show that the expense was incurred in behalf of the decedent for his or her funeral, burial, and transportation, and if paid, must show by whom payment was made. Any amount due from the United States to the deceased beneficiary at the time of death is not an asset of the beneficiary's estate.

When more than one person applies for reimbursement a separate application must be made by each.

The death of a beneficiary in a United States Government Institution does not need to be proven by the claimant. However, if death occurred elsewhere, there should be forwarded a certified copy of the public record of death, if not already furnished.

16-940 U. S. GOVERNMENT PRINTING OFFICE

Address _____	Claim No. <u>1046814</u>
Name _____	(Name of pensioner) <u>Johnson</u>
Address _____	(Creditor or relationship to deceased) <u>John Smothers</u>
Name _____	(Signature of claimant) <u>Walter S. Orner - Creditor</u>

*[Handwritten signature]*

Witnesses to signature if by mark.

Claim is hereby made for any accrued benefits which may be found to be due me under title I, Public No. 2, 73d Congress. (Act of March 20, 1933.)

ALL CLAIMANTS MUST EXECUTE THE FOLLOWING DUPLICATE CLAIM