13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? Property of no value. Will be sold for Taxes.

14. Did the deceased pensioner leave any money, real estate, or personal property? Yes

15. If so, state the character and value of all such property 3 1/2 acres land. of no value.

16. What was the assessed value (last assessment) of the real estate? Taxes paid in 1932 about $3.

17. How was the pensioner's property disposed of?

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No

19. What was your relation to the deceased pensioner? [illegible] raised by [illegible] [illegible]

20. Are you married? (Answer yes or no.) Yes [illegible]

21. What was the cause of pensioner's death? Paralysis

22. When did the pensioner's last sickness begin? About March 25, 1933

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? March 25, 1933.

24. Give the name and post office address of each physician who attended the pensioner during last sickness Dr. Copeland, Chestertown Md.

25. State the names of the persons by whom the pensioner was nursed during the last sickness Ida Sawyer and Henry Sawyer

26. Where did the pensioner live during last sickness? Chestertown, R.R. near Fairlee

27. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, county, or municipal corporation? (Answer yes or no.) None other than Star Life

28. Has there been or will there be an application filed in the Veterans Administration for a burial allowance? No

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered. If no charge was made for any item, that fact should be indicated.

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT	
Dr. Copeland & [illegible]	Physician	Paid	9	00
	Medicine	Paid	5	00
	Nursing and care		no charge	
Mr. Asbury Henry & Sons	Undertaker	Paid	99	00
	Livery	Paid	1	50
	Cemetery	Paid	5	00
	Other expenses and their nature:			
	TOTAL		$119	50

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items: Every bill has been paid to date.

Wit Wm Bert Sommers [illegible]
J. H. Valliant
OK

Ida Butler her X mark Sawyer
(Claimant's signature in full)

Chestertown, Md.
(P. O. address)

R.F.D.

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.) 15—502