13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? No

14. Did the deceased pensioner leave any money, real estate, or personal property? No

15. If so, state the character and value of all such property

16. What was the assessed value (last assessment) of the real estate?

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? daughter.

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

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

22. When did the pensioner's last sickness begin? January 10, 1919

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? January 15, 1919.

24. Give the name and post-office address of each physician who attended the pensioner during last sickness Dr. Rodney B. Millnir, Calvert & Clay Sts., Annapolis, Md.

25. State the names of the persons by whom the pensioner was nursed during the last sickness Alverta Brown, Georgia A. Baxter, Mary Woodward

26. Where did the pensioner live during last sickness? 18 Clay Street, Annapolis, Md.

27. Where did the pensioner die? 18 Clay St., Annapolis, Md.

28. When did the pensioner die? January 16, 1919.

29. Where was the pensioner buried? Asbury Cemetery, Annapolis, Md.

30. 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.) No

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(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.)

Names.	Nature of Expenses.	State Whether Paid or Unpaid.	Amount.
Dr. Rodney B. Millnir	Physician Services	Paid	8 00
	Medicine None		
	Nursing and care no charge		
J. Albert Adams	Undertaker	Partly paid	100 00
"	Livery	Paid	40 00
Johnson, Attendant	Cemetery	Paid	7 50
None	Other expenses and their nature:		
	Total		155 50

32. **Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner?** (Answer yes or no.) Yes

That my post-office address is No. 30, on Clay street, town or city of Annapolis, County of Anne Arundel, State of Maryland

(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.)

Alverta V Brown
(Claimant's signature in full.)

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