

AFFIDAVIT FOR HEIRS OF COLA AWARDEE'S DECEASED BENEFICIARY

PURPOSE

The purpose of this Affidavit is to obtain the Cost of Living Allowance (COLA) Award (the "Award") pursuant to Superior Court of Guam Case No. SP206-93, due to a deceased Beneficiary of a COLA Awardee (the "Awardee"), in accordance with Title 15 GCA § 3101.1(a), as such, the following must apply:

1. No proceeding regarding the Beneficiary's Estate was brought pursuant to Title 15 Guam Code Annotated: Estates and Probate.
2. The **TOTAL VALUE** of the Beneficiary's Estate is **UNDER \$20,000.00**.

NOTE: IF AN INDIVIDUAL IS ENTITLED TO MORE THAN ONE (1) AWARD, THE DEPARTMENT OF ADMINISTRATION (DOA) WILL DISBURSE ALL SUCH AWARDS IN ACCORDANCE WITH THE INFORMATION PROVIDED IN THIS AFFIDAVIT.

DOCUMENTS REQUIRED

In order to facilitate the processing of the COLA Award, the individual making this affidavit is required to provide the following:

1. Completed and Notarized Affidavit (attached);
2. Current form of government issued picture identification (driver's license, passport, military or state ID) of the individual making this affidavit, and all living heirs entitled to the Award, or a portion of the Award;
3. A list of all heirs entitled to receive the Award, or a portion of the Award, on behalf of the Awardee's deceased Beneficiary. **Refer to page 2 of this notification to determine the heirs who are entitled to receive the Award in accordance with the laws of intestate succession.**
 - A. For deceased heirs, list:
 1. Legal names,
 2. Relationship to Beneficiary, and
 3. Provide certified copies of death certificates.
 - B. For living heirs, list:
 1. Legal names (If the heirs' names as they appear in their birth certificates have changed, provide appropriate documentation reflecting the name change),
 2. Relationship to Beneficiary,
 3. Social Security Numbers,
 4. Dates of Birth,
 5. Mailing addresses and telephone number(s); and
 6. Certified copies of birth certificates or decrees of adoption.
 - C. Indicate the page number and the total number of pages on the bottom right hand corner of each page of the list. (For example, if your list consists of 5 pages, the 1st page will be "Page 1 of 5", the second page will be "Page 2 of 5", etc.)
 - D. If you are providing a hand-written list, please print clearly.

NOTE: The list of heirs will be incorporated into, and will become a part of, the Affidavit.

The Government of Guam Retirement Fund (the "Fund") will forward the completed and notarized Affidavit and all applicable documents to the Director of DOA. 1) If the Director of DOA determines that the Affidavit is correct in accordance with Title 15 GCA §3101.1(a), and all applicable documents have been provided, the COLA Award will be disbursed accordingly. 2) If incorrect, you will be contacted by DOA personnel and advised of discrepancies noted/corrections required.

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If the Beneficiary's status was: List the appropriate information of:

SINGLE, with NO CHILDREN

1. The Deceased Beneficiary's Father and Mother
2. **If both parents listed above are deceased, also list:**
The Beneficiary's brother(s) and/or sister(s) (siblings).
3. **If any of the Beneficiary's siblings are deceased, also list:**
The deceased sibling's spouse.
4. **If the deceased sibling is single, or the sibling's spouse is deceased, also list:**
The deceased sibling's children.

SINGLE, with CHILDREN

1. The Deceased Beneficiary's Children
2. **If the any of the Beneficiary's children are deceased, also list:**
The deceased child's spouse.
3. **If the deceased child is single, or the child's spouse is deceased, also list:**
The deceased child's children.

MARRIED, with NO CHILDREN

1. The Deceased Beneficiary's Spouse
2. **If the Beneficiary's spouse is deceased, also list:**
Beneficiary's Father and Mother
3. **If both parents are deceased, also list:**
The Beneficiary's brother(s) and/or sister(s) (siblings).
4. **If any of the Beneficiary's siblings are deceased, also list:**
The deceased sibling's spouse.
5. **If the deceased sibling is single, or the sibling's spouse is deceased, also list:**
The deceased sibling's children.

MARRIED, with CHILDREN

1. The Deceased Beneficiary's Spouse
2. **If the Beneficiary's spouse is deceased, also list:**
Beneficiary's Children
3. **If the any of the Beneficiary's children are deceased, also list:**
The deceased child's spouse.
4. **If the deceased child is single, or the child's spouse is deceased, also list:**
The deceased child's children.

If any of the heirs noted above are not married and/or have no children, please note "Not Married" and/or "No Children", on the list.

Please provide information in the order listed above, utilizing the following format.
Example: Beneficiary was *Single, with No Children*. Both parents and 1 of 2 siblings is deceased.

1. Awardee's Father:	John Doe	Awardee's Mother:	Jane Doe
Date of Death:	01/02/2003	Date of Death:	03/04/2004
2. Awardee's Siblings:			
1. Brother:	Joseph Doe	2. Sister:	Joan Doe Smith
SSN:	586-00-0001	Date of Death:	05/06/2005
Date of Birth:	07/08/1950	Spouse:	Jesse Smith
Mailing Address:	P.O. Box 10	SSN:	586-00-0002
	Anyvillage, Guam 96900	Date of Birth:	09/10/1951
Telephone No.:	(671) 999-1111	Mailing Address:	P.O. Box 100
			Anyvillage, Guam 96900
		Telephone No.:	(671) 999-2222

AFFIDAVIT FOR HEIRS OF COLA AWARDEE'S DECEASED BENEFICIARY

NAME OF DECEASED COLA AWARDEE: _____

DATE OF BIRTH AND SOCIAL SECURITY NUMBER: _____ / _____

COLA AWARDEE ID NUMBER: _____

NAME OF DECEASED BENEFICIARY: _____

DECEASED BENEFICIARY'S DATE OF BIRTH: _____

DECEASED BENEFICIARY'S SOCIAL SECURITY NUMBER: _____

Relative to Special Proceedings No. SP206-93 in the Superior Court of Guam and the provisions of Title 15 GCA §3101.1(a), for the purpose of obtaining the COLA Award, or a portion thereof, due to the COLA Awardee's Beneficiary above, I _____ (name), of lawful age, Social Security Number _____, hereby certify the following:

1. This Affidavit is presented in accordance with Title 15 GCA §3101.1(a).
2. No proceeding regarding the Beneficiary's Estate was brought pursuant to Title 15 GCA.
3. The **total value** of the Beneficiary's Estate is **under \$20,000.00**.
4. The Beneficiary died before receiving his/her entire portion of the Award.
5. To the best of my knowledge and belief, there is no person other than those named on the attached list, who are entitled to the Beneficiary's portion of the Award, in accordance with the laws of intestate succession.
6. My address and contact information are as follows:

Mailing Address:

Telephone Number(s):

AFFIDAVIT FOR HEIRS OF COLA AWARDEE'S DECEASED BENEFICIARY

NAME OF DECEASED COLA AWARDEE: _____

DATE OF BIRTH AND SOCIAL SECURITY NUMBER: _____ / _____

COLA AWARDEE ID NUMBER: _____

NAME OF DECEASED BENEFICIARY: _____

DECEASED BENEFICIARY'S DATE OF BIRTH: _____

DECEASED BENEFICIARY'S SOCIAL SECURITY NUMBER: _____

To the best of my knowledge and belief, there is no person other than those named on the attached list, who are entitled to the Beneficiary's portion of the Award, in accordance with the laws of intestate succession. I have submitted a total of _____ pages, as summarized below.

	<u>Number of pages</u>
Cover Page	<u>1</u>
Signature/Notary Page	<u>1</u>
List of Heirs	_____
Other Documents (IDs, birth certificates, death certificates, etc.	_____
Total Pages	_____

Under the laws of perjury, I hereby certify that the foregoing statements and the information in the attached list of heirs are true and correct.

Print Name & Date

Signature

Relationship to Beneficiary

NOTARY IS REQUIRED

On this _____ day of _____, 20_____, before me a Notary Public in and for _____, _____ (city and state), personally appeared _____ (name), and he / she acknowledged to me that he / she executed the foregoing instrument, as his/her voluntary act and deed for the purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

NOTARY PUBLIC
My Commission Expires: _____

<SEAL>