

**REQUEST FOR INFORMATION REGARDING DECEASED DEBTOR**

*Form Approved  
OMB No. 0730-0015  
Expires Aug 31, 2007*

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0730-0015). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.  
RETURN COMPLETED FORM TO DFAS-PODC/DE, 6760 EAST IRVINGTON PLACE, DENVER, CO 80279-7000.**

**1. DECEASED DEBTOR**

<b>a. NAME</b> <i>(Last, First, Middle)</i>	<b>b. SSN</b>
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**c. HOME OF RECORD**

The deceased debtor named above was indebted to the United States at the time of death. Please complete items below and return this form. Your assistance is appreciated.

<b>2. DATE OF REQUEST</b>	<b>3a. SIGNATURE OF REQUESTOR</b>
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<b>b. PRINTED NAME</b>	<b>c. TITLE</b>	<b>d. GRADE</b>
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**4. WAS AN ESTATE ESTABLISHED?**

<input type="checkbox"/> <b>YES</b> <i>(If Yes, complete Items 5 and 6 below)</i>	<input type="checkbox"/> <b>NO</b>
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<b>5. NAME AND ADDRESS OF ATTORNEY, ADMINISTRATOR, OR EXECUTOR</b>	<b>6. ARE ANY OF THE INDIVIDUALS AT LEFT MEMBERS OF THE IMMEDIATE FAMILY</b> <i>(Please specify)</i>
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**7. ARE SPECIAL CLAIM FORMS AVAILABLE?**

<input type="checkbox"/> <b>YES</b> <i>(If Yes, please provide)</i>	<input type="checkbox"/> <b>NO</b>
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**8. REMARKS**

<b>9a. NAME OF INDIVIDUAL COMPLETING FORM</b>	<b>b. SIGNATURE</b>	<b>c. DATE</b>
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