



September 11th  
Victim Compensation Fund

OMB 1105-0092

Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

## September 11th Victim Compensation Fund Exhibit F - List of Individuals Notified of Claim Filing

You are required to identify all living relatives and potentially interested parties to whom you sent a copy of Exhibit E. This form includes fields to provide information about the most common individuals who must be notified about the claim.

Complete the applicable sections below. Be sure to include for each individual the method of delivery and date Exhibit E was delivered. If a particular individual is deceased, enter "DECEASED" in the Last Name field of the specific section. If the decedent did not have a particular type of relative or other interested party, note that by entering "NOT APPLICABLE" in the Last Name field of the specific section. You must account for all living relatives and potential interested parties, regardless of whether or not they are included in the proposed distribution plan.

### Certification:

I hereby certify that I have provided the required Notice of Filing of Claim to all the individuals listed below by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided.

Signature of Personal Representative

Date (mm/dd/yyyy)

### Relationship to Decedent

#### Mother:

Last Name

First Name

Middle Name

Mailing Address

Mailing Address continued

Suite

City

State

Zip code

Date of Birth (mm/dd/yyyy)

Telephone Number

SSN or National ID Number (if available)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)



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Victim Compensation Fund

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Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

Father:

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Spouse:

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)



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Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

**Former Spouse:**

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

**Sibling:**

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

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Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

**Sibling:**

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

**Child:**

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

Hand Delivered

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)



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Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

**Child:**

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

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Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested Date of Delivery (mm/dd/yyyy)

Certified Mail Return Receipt Requested

Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

**Partner:**

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Mailing Address

Mailing Address

Mailing Address continued

Mailing Address continued

Suite

Suite

City

City

State

State

Zip code

Zip code

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Telephone Number

Telephone Number

SSN or National ID Number (if available)

SSN or National ID Number (if available)

Hand Delivered Date of Delivery (mm/dd/yyyy)

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Date of Delivery (mm/dd/yyyy)

Date of Delivery (mm/dd/yyyy)

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Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

Other: Please describe.

[Empty grid for description]

[Empty grid for description]

Last Name

[Empty grid for Last Name]

[Empty grid for Middle Name]

First Name

Middle Name

[Empty grid for Mailing Address]

Mailing Address

[Empty grid for Mailing Address continued]

Mailing Address continued

[Empty grid for Suite]

Suite

[Empty grid for City]

City

[Empty grid for State]

State

[Empty grid for Zip code]

Zip code

[Empty grid for Date of Birth (mm/dd/yyyy)]

Date of Birth (mm/dd/yyyy)

[Empty grid for Telephone Number]

Telephone Number

[Empty grid for SSN or National ID Number (if available)]

SSN or National ID Number (if available)

Hand Delivered

[Empty grid for Date of Delivery (mm/dd/yyyy) - Hand Delivered]

Date of Delivery (mm/dd/yyyy)

Certified Mail  
Return Receipt  
Requested

[Empty grid for Date of Delivery (mm/dd/yyyy) - Certified Mail]

Date of Delivery (mm/dd/yyyy)

Indicate here if you need more space for Exhibit F and are submitting additional pages.