

Exhibit E - Notice of Filing Claim For Deceased Individual

Instructions to Decedent's Personal Representative:

You are required to notify all living relatives and potentially interested parties, as listed below, that you are filing a claim on behalf of the decedent. Follow the instructions below:

- 1. You are required to deliver a copy of this Notice to the following people:
 - The immediate family of the Decedent (including, but not limited to, the spouse, former spouse(s), children, other dependents, siblings, and parents).
 - The Executor or Administrator and beneficiaries of the Decedent's will and life insurance policies.
 - Any other person who may reasonably be expected to assert an interest in an award or to have a cause or action to recover damages relating to the wrongful death of the Decedent.
- 2. Fill out a separate copy of this page for each person to whom you are required to provide a Notice of Filing. Fill out the name and address of the person to whom you are providing the Notice and insert the name of the Decedent in the spaces provided below as indicated. You must provide this Notice to all living relatives and potential interested parties, regardless of whether or not they are included in the proposed distribution plan.
- 3. Deliver each Notice personally or by certified mail, return receipt requested.

TO:	NAME: ADDRESS:		
You are receiving Decedent) is bein	this notice to inform g filed with the Septe	you that a claim on behalf of(insert name ember 11 th Victim Compensation Fund. This claim is being filed by (insert name of Personal Representative).	of -
a Decedent and the award from the	nat the claim must be Victim Compensation required to distribute	pensation Fund state that only one claim may be filed in connection with the death is filed by the Decedent's Personal Representative. The rules also state that a con Fund shall be paid to the Personal Representative and that the Personal the award among the Decedent's beneficiaries in accordance with the laws of the	ny nal
because the Pers Executor, Adminis	onal Representative i strator, and beneficia	being filed on behalf of (insert name of Decederis required to give notice of claim filing to the Decedent's immediate family, to ries of the Decedent's will and life insurance policies and to other people who minard that may be made from the Victim Compensation Fund.	the
any right to file a l	awsuit for damages	ns with the Victim Compensation Fund require the Personal Representative to was ustained as a result of the terrorist-related aircraft crashes on September 11, 20 fect the rights of others, including you, to file any such lawsuits.	
made within 30 da		n in response to this notice. However, any objection to the filing of the claim must as been filed, which could be as soon as 30 days from the date this notice w	

If you want to learn more about the Victim Compensation Fund, please call 1-855-885-1555; TDD:1-855-885-1558;

40

outside the U.S.: 1-202-514-1100. Information can also be obtained over the internet at www.vcf.gov.

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