



# CLAIM AND PROOFS OF DEATH

INSTRUCTIONS - The following proofs are required by the Board of Trustees of the City of Miami General Employees' and Sanitation Employees' Retirement Trust in all cases where payments are due to the estate or designated beneficiary of a deceased member of the retirement fund. Every question must be definitely and fully answered. Each certificate must be sworn to before an officer duly authorized to administer oaths.

Proof No. 1 - THE CLAIMANT'S CERTIFICATE must be executed by the person legally entitled to receive money, who must state in what capacity he or she makes the claim, whether as beneficiary designated by the deceased in the records of the retirement office, executor, administrator, guardian or other legal representative. All authority derived from a court must be evidenced by a certificate of appointment duly authenticated and attached hereto.

Proof No. 2 - A CERTIFIED COPY OF THE CERTIFICATE OF DEATH of the subject deceased member of the above retirement fund, OR OTHER PROOF OF DEATH, submitted and attached hereto.

1. Register number of Deceased \_\_\_\_\_

2. Name of Deceased \_\_\_\_\_

3. Last residence of Deceased \_\_\_\_\_

4. Place of birth of Deceased \_\_\_\_\_

5. Date of birth of Deceased \_\_\_\_\_

a. Is your above answer derived from a written or printed public record or family record  Yes  No

b. If so, what record? \_\_\_\_\_

c. If not from a written or printed record from or how was it derived? \_\_\_\_\_

6. Place of death of Deceased \_\_\_\_\_

7. Date of death of Deceased \_\_\_\_\_ 8. Cause of death of Deceased \_\_\_\_\_

9. Duration of last illness (years and months) \_\_\_\_\_

10. Name of Deceased's father \_\_\_\_\_ 11. Name of Deceased's mother \_\_\_\_\_

12. Give name of County and State were Deceased's estate is being or will be administered \_\_\_\_\_

13. Name of doctor who attended the Deceased in last illness \_\_\_\_\_

14. Address of doctor who attended the Deceased in last illness \_\_\_\_\_

15. Name of Claimant \_\_\_\_\_

16. Residence of Claimant \_\_\_\_\_

17. Place of birth of Claimant \_\_\_\_\_

18. Date of birth of Claimant \_\_\_\_\_

19. What benefits are you claiming from the retirement trust? \_\_\_\_\_

20. Are you legally entitled to receive the entire amount of the benefits claimed?  Yes  No

21. Were you named by the Deceased as a Beneficiary of the benefits claimed?  Yes  No

22. By what right of relationship do you claim benefits? \_\_\_\_\_

23. How long have you known the Deceased? (years and months) \_\_\_\_\_

24. Did Deceased leave any Husband, Wife, Child, Children, Sister, Brother or other Relatives? Give name, relations \_\_\_\_\_

25. Deceased Social Security number \_\_\_\_\_ 26. Claimant's Social Security number \_\_\_\_\_

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Claimant's Cell Phone \_\_\_\_\_ Claimant's email \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

(NOTARY SEAL) \_\_\_\_\_  
(Signature of Notary Public) Name of Notary - Typed, Printed or Stamped