

Conejo Valley Victims Fund

held at Ventura County Community Foundation

Application Form for **Deceased Victims**

Deadline for Application: February 18, 2019

If you need assistance in completing this form, please call Give An Hour at (805) 444-7519 or email info@conejovalleyvictimsfund.org

1. Victim Information

First Name: _____ Middle Name: _____

Last Name: _____

Other Names Used: _____

Date of Birth (mm/dd/yyyy): _____ SSN/TIN: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country (if other than United States): _____

Please return this form and all supporting documentation to: **Ventura County Community Foundation**
VCCF Nonprofit Center
4001 Mission Oaks Blvd.
Camarillo, CA 93012

CLAIM MUST BE POSTMARKED BY **FEBRUARY 18, 2019**

2. Person Filling Out Application

Relationship to Victim:

- Spouse
- Parent/Custodial Guardian
- Adult Child
- Legally Authorized Personal Representative
- Other (*please describe*): _____

Applicant First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____

SSN/TIN: _____

Street Address 1 (*if different from victim address above*): _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

Country (*if other than United States*): _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

3. Attorney or Other Representation (*if applicable*)

Name: _____

Firm: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

Country (*if other than United States*): _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

4. Supporting Documentation *(please check)*

I have attached the following required documentation:

- Death Certificate
- Proof of Relationship to Victim:
 - Birth Certificate
 - Marriage License
 - Documentation of Status as Legal Representative of the Estate
 - Other *(please describe)*: _____
- Proof of Legal Representation *(if applicable)*
(If represented by an attorney, please provide a Retention Agreement signed by both the attorney and the claimant.)
- A list of the decedent's heirs and beneficiaries and a proposed distribution plan.
(A copy of the form is attached to this Application.)
- Other *(please describe)*: _____

5. Payment Preference *(please select one)*

- Check Payable to:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Country *(if other than United States)*: _____
- Electronic Funds Transfer to:
 - Checking Savings Money Market Other: _____
 - Account No.: _____
 - Routing No.: _____ SSN/EIN: _____
 - Bank Name: _____
 - Bank Address: _____
 - Bank Contact: _____ Bank Phone: _____

6. Signature

If the deceased was married at the time of death, the spouse must also sign this claim form. If the victim was not married, the Personal Representative legally administering the estate must also sign this claim form.

Claimant Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____

Spouse Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of spouse on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____

Personal Representative Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of personal representative on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____

List of Heirs and Beneficiaries and Proposed Distribution Plan

Did the Victim leave a will? Yes No

If "Yes," has the will been probated? Yes No

If the Victim left a will, please list the beneficiaries of the Victim's will:

Beneficiary Names (First, Middle, Last)	

Please provide information on how you propose the award to be distributed. Legal heirs and beneficiaries will receive from the Fund a copy of this your Proposed Distribution Plan submitted by the filing Claimant. All legal heirs and beneficiaries must agree to the Proposed Distribution Plan by signing and returning to the Fund Administrator the attached Consent to Proposed Distribution Plan Form. If an allocation agreement cannot be reached by all legal heirs and beneficiaries, the entire award will be deposited with the court in which the Estate is being probated for distribution.

Signature of Personal Representative

Date

Printed Name of Personal Representative

SSN/National ID/TIN of Personal Representative

SSN / National ID/TIN of Victim

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