

**CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE  
MULTIPLE CHILDREN  
RCW 49.48.120  
(AFFIDAVIT FORM)**

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

Warrant/Check No(s) \_\_\_\_\_  
Fund \_\_\_\_\_

1. In the matter of the amounts due to the deceased employee \_\_\_\_\_ employed by \_\_\_\_\_  
(Print legal name of deceased employee)  
\_\_\_\_\_ of the state of Washington at the time of his/her death.  
(Name of state agency)
2. We are the children of the deceased.
3. We, the undersigned, agree that our sibling \_\_\_\_\_ shall accept the entire amount due to the deceased  
(Name of sibling)  
on our behalf.
4. No personal representative, executor or administrator of the deceased employee's estate has been appointed.
5. Claim is made for the amount due to the deceased employee for labor, services performed and/or expense reimbursements or allowances, not exceeding the sum of \$13,500\*.

\*Beginning July 1, 2017, an amount calculated pursuant to RCW 49.48.120(2) (increase based on the Seattle CPI).

\_\_\_\_\_  
Signature of Claimant Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
*Notary Public for the state of Washington, residing at*

\_\_\_\_\_  
Signature of Claimant Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
*Notary Public for the state of Washington, residing at*

**CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE  
MULTIPLE CHILDREN - continued**

\_\_\_\_\_  
Signature of Claimant Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
*Notary Public for the state of Washington, residing at*

\_\_\_\_\_  
Signature of Claimant Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
*Notary Public for the state of Washington, residing at*

*Note: Additional signature lines may be added as needed.*