

APPLICATION FOR BURIAL ALLOWANCE
St. Joseph County

Name of Veteran: _____ Vet's State of Residency: _____

Name of Deceased (If Other than Vet): _____ Relation to Veteran: _____

Home Address of Deceased: _____

Deceased DOB: _____ Deceased DOD: _____ St Joseph County Residence/Years _____

Entry Date	Serial #	Separation Date	Branch	Character of Separation

Decedent's Estate (Where jointly or partially owned, count only the decedent's share.)

Real Estate (Other than homestead)	\$	Stocks/Bonds/MF	\$
Vehicles (minus liens)	\$	IRA	\$
	\$	Savings/CDs	\$
Other Personal Property	\$	Checking	\$
	\$	Trusts (Revocable)	\$
Subtotal			\$
Less Homestead Lien			\$
Total Funeral Expenses (attach itemized bills):\$		Less Encumbrances	\$
Total Estate			\$

<u>Authorizer / Claimant</u>	<u>Funeral Home</u>
Name: _____	Funeral Director: <u>Gabriel L. Adams</u>
Address: _____	Funeral Home: <u>Hohner Funeral Home</u>
City, State, Zip: _____	Phone: <u>269-279-5282</u>
Phone: _____	Funeral Expenses: <u>See Attached</u>

You, (Authorizer), state that the above account is correct and you believe, that the services mentioned have been actually rendered and that the above named deceased, a resident of this County, died (possessed/not possessed) of an estate exceeding the sum of **\$40,000.00**, over and above all encumbrances, or that said deceased left _____ dependent(s) and (**did/did not**) leave sufficient estate to meet all lawful claims including burial expenses.

Signed xx Date xx

Upon application being made and examination of all facts, I, Stoney Summey find said deceased is (entitled / not entitled) for burial allowance in the sum of **\$300** under provision of PA 235, 1911 as amended.

Signature: _____ Date: _____
 (St Joseph County Veterans' Services)

Account # 101-681-833-000
 \$300.00