06/26/2014 08:54 4125642494 UPS STORE PAGE 01/06

CAN NOT I. D.

OMB Control No. 2900-0747
Respondent Burden: 75 minutes

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

PHILADELPHIA 310
PKC TRINCE 26
2014 JUN 27 A 11:31

Department of Veterans Affairs

APPLICATION FOR DIC, DEATH PENSION, AND/OR ACCRUED BENEFITS

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.

SECTION I: PERSONAL INFORMATION (MUST COMPLETE)

1. VETERAN'S NAME (Last, First, Middle): [redacted], MABEOLE ANN
2. VETERAN'S SOCIAL SECURITY NUMBER: [redacted]
3. VETERAN'S DATE OF BIRTH (MM.DD.YYYY): 05/20/19[redacted]
4. VETERAN'S SEX: ☐ MALE ☒ FEMALE
5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? ☐ YES ☒ NO (If "Yes," provide the file number in Item 6)
6. VA FILE NUMBER:
7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY? ☐ YES ☒ NO
8. WHAT IS THE VETERAN'S DATE OF DEATH? (MM.DD.YYYY): 05/23/2014
9. WHAT IS YOUR NAME? (First, Middle, last name): Wayne Nur
10. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one) ☒ SURVIVING SPOUSE ☐ PARENT ☐ CHILD ☐ CUSTODIAN FILING FOR CHILD
11. WHAT IS YOUR SOCIAL SECURITY NUMBER? [redacted]-[redacted]-3326
12. WHAT IS YOUR DATE OF BIRTH? (MM.DD.YYYY): 02/28/19[redacted]
13. ARE YOU A VETERAN? ☒ YES ☐ NO
14A. WHAT IS YOUR ADDRESS? [redacted] APT. 3
Street address, rural route, or P.O. Box: [redacted] Apt. number
City: ALLENTOWN State: PA ZIP Code: [redacted] Country: USA
14B. YOUR TELEPHONE NUMBER(S) (Include Area Code)
DAYTIME: [redacted]-7925
EVENING: [redacted]-7326
CELL PHONE: [redacted]-4662
15A. YOUR PREFERRED E-MAIL ADDRESS (If applicable): [redacted]@AOL.COM
15B. YOUR ALTERNATE E-MAIL ADDRESS (If applicable):
16. WHAT ARE YOU CLAIMING? (Check all that apply) ☐ DEPENDENCY AND INDEMNITY COMPENSATION (DIC) ☒ DEATH PENSION ☐ ACCRUED BENEFITS

SECTION II: VETERAN'S SERVICE INFORMATION (COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)

(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)

17A. DID THE VETERAN SERVE UNDER ANOTHER NAME? ☐ YES ☐ NO (If "Yes," complete Item 17B) (If "No," skip to Item 18A)
17B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:
18A. VETERAN ENTERED ACTIVE SERVICE ON (MM.DD.YYYY):
18B. BRANCH OF SERVICE:
18C. RELEASE DATE FROM ACTIVE SERVICE (MM.DD.YYYY):
18D. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE 9-11-2001? ☐ YES ☐ NO
18E. PLACE OF LAST SEPARATION:
18A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. (National Guard)? ☐ YES ☐ NO (If "Yes," answer Items 18B, 18C and 18D)
18B. DATE OF ACTIVATION (MM.DD.YYYY):
18C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?
18D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code) ( )