

December 20, 2004, 10:34
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NH 305-14-1338

CLAIMANT 315-07-0428

SG-SSA-8

: UNIT: ECXXXX :
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APPLICATION FOR LUMP-SUM DEATH PAYMENT

THIS APPLICATION MUST BE FILED WITHIN 2 YEARS AFTER THE DATE OF DEATH OF THE WAGE EARNER OR SELF-EMPLOYED PERSON.

I APPLY FOR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II (FEDERAL OLD AGE, SURVIVORS, AND DISABILITY INSURANCE) OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED, ON THE NAMED DECEASED'S SOCIAL SECURITY RECORD.

THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR SURVIVOR BENEFITS UNDER THE RAILROAD RETIREMENT ACT.

THE DECEASED WORKER'S NAME IS NORMA LOUISE ROBBINS.

THE DECEASED'S SOCIAL SECURITY NUMBER IS 305-14-1338.

THE DECEASED'S DATE OF BIRTH IS October 13, 1919.

THE DECEASED'S DATE OF DEATH IS December 11, 2004.

A PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR THE DECEASED.

MY NAME IS WALTER CLIFTON ROBBINS.

A PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR ME.

THE DECEASED AND THE SURVIVING SPOUSE WERE LIVING TOGETHER AT THE SAME ADDRESS AT THE TIME OF DEATH.

THE DECEASED WAS LAST MARRIED TO WALTER C ROBBINS ON May 29, 1943 IN IN BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DEATH ON December 11, 2004.

THE DECEASED WAS NOT PREVIOUSLY MARRIED.

I WAS LAST MARRIED TO NORMA L HAAS. WE WERE MARRIED ON May 29, 1943 IN IN BY A CLERGYMAN OR PUBLIC OFFICIAL. MY SPOUSE'S AGE OR BIRTHDATE IS October 13, 1919 AND SOCIAL SECURITY NUMBER IS 305-14-1338.

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THERE ARE NO CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT HAVE BEEN LIVING WITH THE DECEASED WORKER.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY MAILING ADDRESS IS 8400 W CO RD 400 S
YORKTOWN IN 47396

MY TELEPHONE NUMBER IS (765) 759-9331.

SIGNATURE _____

DATE _____

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RECEIPT FOR YOUR CLAIM FOR THE SOCIAL SECURITY LUMP-SUM DEATH PAYMENT

WALTER CLIFTON ROBBINS
8400 W CO RD 400 S
YORKTOWN IN 47396

NAME OF PERSON TO CONTACT
ABOUT YOUR CLAIM:

★
Mrs. Christie

: UNIT: ECXXXX :
: :
: :
: 12-20-04 :
: :
: :

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT
ARE:

BEFORE YOU RECEIVE A NOTICE OF AWARD:

★ (765) 747-5575 (EXT 3404)

AFTER YOU RECEIVE A NOTICE OF AWARD:

(765) 747-5548

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT
WWW.SOCIALSECURITY.GOV.

YOUR APPLICATION FOR THE LUMP-SUM DEATH PAYMENT HAS BEEN RECEIVED AND WILL BE
PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN 30 DAYS AFTER YOU HAVE GIVEN US ALL THE
INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION
IS NEEDED.

On December 20, 2004, we talked with you and completed your application for
SOCIAL SECURITY BENEFITS. We stored your application information electronically
in our records and attached a summary of your statements.

What You Need To Do

- o Review your application to ensure we recorded your statements correctly.
- o If you agree with all your statements, you may retain the application for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this notice to let us know.

IMPORTANT REMINDER

Penalty of Perjury

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You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

IN THE MEANTIME, IF YOU CHANGE YOUR MAILING ADDRESS, YOU SHOULD REPORT THE CHANGE. ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

CLAIMANT
WALTER C ROBBINS

WORKER'S SURNAME
ROBBINS

SOC SEC CLAIM NO.
305-14-1338