

**TO THE CLERK OF THE BOARD OF COMMISSIONERS
 OF
 PRESQUE ISLE COUNTY, STATE OF MICHIGAN**

I, _____, a member of the County Soldiers Relief Commission, appointed by a Judge of Probate of said County as provided for by Act 192, Public Acts of 1953, as amended, to look after the burial of the body of any honorably discharged member of the armed forces of the United States who served for a period of 90 days or more of active service or was discharged under honorable conditions after having served less than 90 days of active service because of a service-connected disability during any period of time in which the United States was at war, or during the Vietnam Conflict or the spouse of a member of the armed forces of the United States, and who was honorably relieved from such service, dying in the _____ of _____, County of _____ and State of _____, not possessed of any estate, both real and personal, exceeding the sum of FORTY THOUSAND DOLLARS (\$40,000.00) over and above all encumbrances, and was a resident of this State at the time of death and for a period of six months prior to entering the service or for a period of three years immediately prior to the death of such person, do make the following report:

1. Name of Deceased _____
2. Address _____
3. County of Residence at time of Death _____
4. Name of Soldier, Sailor, Marine, Airman, Coastguardsman, Nurse or Member of the Women's Auxiliary other than deceased _____
5. Rank and Command _____
6. Date of Enlistment _____
7. Date of Discharge _____
8. Date of Death _____
9. Date of Burial _____
10. Where Buried _____
11. Occupation while Living _____
12. Name of Funeral Director _____
13. Address of Funeral Director _____
14. Name of Claimant _____
15. Address of Claimant _____

16. Itemized account of expenses incurred in burial as follows:

TOTAL		

Upon application* being made and after careful examination of all the facts in this case, I find said deceased died _____ possessed of an estate, both real and personal, but not including realty owned by the decedent as the homestead of the decedent, exceeding the sum of Forty Thousand Dollars (\$40,000.00), and said deceased left _____ dependents surviving and did _____ leave sufficient estate to meet all lawful claims including said burial expenses, and is _____ entitled for burial expense to the sum of Three Hundred Dollars, (\$300.00) under provisions of Act 235, Public Acts of 1911, as amended.

Dated _____, 20____

Member - Soldiers Relief Commission

Member - Soldiers Relief Commission

of _____ County, Michigan

Note: If deceased left no dependents surviving, but did leave sufficient estate to meet claims and burial expenses, then such expense shall not be paid.

In the above paragraph, blank spaces are left for inserting the word "not" where applicable; also in one blank space insert either the word "no" or the number of dependents as case requires.

*The application shall have been submitted within two years from the date of death of such deceased person.

STATE OF MICHIGAN)

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COUNTY OF PRESQUE ISLE)

_____, deposes and says, that the within account is

(Name of Claimant)

just and correct as he verily believes, that the services mentioned have been actually rendered and that

the statements in said account are true.

Claimant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

_____ County, Michigan

My Commission Expires: _____

The above Affidavit to be notarized by some officer having the proper authority.