

<b>FSA-325</b> (02-28-95) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency <b>APPLICATION FOR PAYMENT OF AMOUNTS DUE PERSONS WHO HAVE DIED, DISAPPEARED, OR HAVE BEEN DECLARED INCOMPETENT</b> (See Page 2 for Instructions and Privacy Act and Public Burden Statements.)	FOR USE OF FSA COUNTY OFFICE	
	1. STATE AND COUNTY CODE	2. APPLICATION NO.
	3. PROGRAM	4. PROGRAM OR MKTG. YR.

**PART A - REPRESENTATIONS AND APPLICATION FOR PAYMENT**

5. It is hereby certified that the person named in item 6 died, was declared incompetent, or disappeared, as indicated, on the date shown in item 7, and there exists a claim for payment due said person under one of the programs of the Department of Agriculture referred to in the regulations pursuant to which this application is made, which claim includes unnegotiated checks or certificates, shown in items 8 and 9, payable to the order of such person. On the basis of the facts set forth below, each of the undersigned applies for payment of his/her share of such claim.

6. NAME	7. <input type="checkbox"/> DIED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> WAS DECLARED INCOMPETENT	DATE (MM-DD-YYYY)
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8. UNNEGOTIATED CHECK OR CERTIFICATE NUMBERS	9. AMOUNT \$	DATE (MM-DD-YYYY)
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10. It is certified that the persons named in item 11 below constitute all the persons authorized by the regulations to submit application for the amount of said claim including any unnegotiated checks or certificates drawn payable to the order of the person named in item 6 and the following is a correct statement of the data respecting such persons required by said regulations. If among the persons listed below there are minors or incompetents, they are in the care and custody of a natural guardian, custodian, legally appointed guardian, conservator, or committee, as the case may be, and the payments applied for will be used for their benefit and support.

11. NAME AND ADDRESS	12. RELATIONSHIP OR CAPACITY

If any of the persons named in item 11 above is now a minor or is incompetent, the name of each such person and the name of his/her natural guardian, custodian, legally appointed guardian, conservator, liquidator, or committee, as the case may be, are stated below:

13. NAME OF MINOR OR INCOMPETENT AND NATURE OF DISABILITY	14. NAME AND ADDRESS OF REPRESENTATIVE OF MINOR OR INCOMPETENT (Indicate whether Guardian, Custodian, Committee, Conservator or Liquidator)

15. In case this claim is made by reason for the death of the person named in item 6 each undersigned applicant, if other than an administrator or executor, represents that there has not been and it is not contemplated that there will be administration of the estate, or that administration of the estate is closed.

16. If this form is used in connection with an application for payment or other document executed by the undersigned and is submitted as a basis for a payment not previously made to the person who died, disappeared, or was declared incompetent, words such as "the applicant," "the undersigned," and the "producer," in such application for payment or similar document shall, as the context thereof may require, be deemed to refer (a) to the applicants signing this application, or (b) to the person who died, disappeared, or was declared incompetent, or (c) to both. Any statement or declaration in such document of acts performed by the person who died, disappeared or was declared incompetent shall be considered to have been made to the best of the knowledge, information, and belief of the successor(s) or representative(s) who sign this application.

**17. SIGNATURE OF EACH PERSON LISTED IN ITEM 11 OR HIS/HER REPRESENTATIVE AS SHOWN IN ITEM 14.**

SIGNATURE	DATE (MM-DD-YYYY)	SIGNATURE	DATE (MM-DD-YYYY)
SIGNATURE	DATE (MM-DD-YYYY)	SIGNATURE	DATE (MM-DD-YYYY)
SIGNATURE	DATE (MM-DD-YYYY)	SIGNATURE	DATE (MM-DD-YYYY)

**PART B - CERTIFICATE OF COUNTY FSA COMMITTEE**

The undersigned authorized county FSA committee representative certifies that each applicant whose signature appears above has the authority to act in the capacity indicated; that the right of the applicant(s) to file this claim was determined in accordance with the regulations of the Department of Agriculture; that the statements contained herein have been examined and are true and correct to the best of the knowledge and belief of the undersigned; and that, if the application is based on the disappearance of the person there have been presented to the county FSA committee, and there are now on file in the office of the committee, the affidavits as required by the regulations issued by the Department of Agriculture.

FOR THE COUNTY FSA COMMITTEE	DATE (MM-DD-YYYY)
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**PART C - CHECKS OR CERTIFICATES ISSUED**

18. CHECKS OR CERTIFICATE NUMBERS	DATE (MM-DD-YYYY)
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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1980, as amended. The authority for requesting the following information is 7 CFR Part 707. The information will be used to determine eligibility to receive payment of amounts due persons who have died, disappeared or have been declared incompetent. Furnishing the requested information is voluntary; however, without it payment under this program will not be made. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0026. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**General** - Form FSA-325 may be used in connection with a claim for payment under one of the programs of the Department of Agriculture referred to in the regulations pursuant to which this application is made, which are administered through FSA State and county offices, where a person who is entitled to such payment dies, is declared incompetent, or disappears before a draft or certificate is issued by the Government or before it is negotiated. Form FSA-325 is not to be used in connection with claims for payment due vendors, assignees or anyone other than the persons named in instruction 4 of Part A below.

**Identification** - In the spaces provided, the county FSA office will identify the program and year under which the payment was earned and enter the State and county code numbers and the serial number of the application, contract, agreement, or other documents as applicable.

**PART A**

- 1. **Item 6** - Enter the name of the person who died, disappeared or was declared incompetent. If the applicant is claiming under instruction 4(A)6, 4(B)6, 4(C)2(e), or 4(C)3 below, also enter the name of the county and State of domicile of the person, preceded by the words "domiciled in".
- 2. **Item 7** - Check applicable box and enter date person died or was declared incompetent or the approximate date of disappearance.
- 3. **Items 8 and 9** - Enter the number, amount, and date of all unnegotiated checks or certificates. If no check or certificates have been issued, enter "none issued".
- 4. **Items 11 and 12** - Execute as follows:

(A) If the person is deceased, enter information with respect to the first of the following categories of persons, in the order listed, in which there is an eligible applicant:

- 1 The administrator or executor of the estate.
- 2 The surviving spouse, if there is no administrator or executor, and none is expected to be appointed, or if an administrator or executor was appointed but the administration of the estate is closed (i) prior to application by the administrator or executor for such payment or (ii) prior to the time when a check, draft, or certificate issued for such payment to the administrator or executor is negotiated.
- 3 Surviving sons and daughters (*including adopted children*). If a son or daughter is deceased, also enter the name of the deceased son or daughter followed by the word "deceased" and the names of their sons and daughters. If such sons or daughters are deceased, also enter next to their names the word "deceased" and the names of their surviving children.
- 4 Surviving father and mother.
- 5 Surviving brothers and sisters. If brothers or sisters are deceased, also enter their names followed by the word "deceased" and the names of their sons and daughters. If such sons or daughters are deceased, also enter next to their names the word "deceased" and the names of their surviving children.
- 6 Such heirs (*next of kin*) as would be entitled to payment in accordance with the law of the State of domicile of the deceased person.

(B) If the person has disappeared, enter information with respect to one of the following in the order mentioned:

- 1 The conservator or liquidator of his/her estate, if one has been duly appointed.
- 2 The spouse.
- 3 An adult son or daughter or grandchild for the benefit of the estate of the person who disappeared.
- 4 The mother or father for the benefit of the estate.
- 5 An adult brother or sister for the benefit of the estate.
- 6 Such person as may be authorized under State law to receive payment for the benefit of the estate.

(C) If the person has been declared incompetent and:

- 1. There is a guardian, committee, or conservator, enter the information with respect to him/her showing the capacity as "guardian", "committee" or "conservator".
- 2. There is no guardian or committee and the payment is not more than \$1,000, enter information with respect to one of the following in the order mentioned for the benefit of the incompetent person.
  - a The spouse.
  - b An adult son, or daughter, or grandchild.
  - c The mother or father.
  - d An adult brother or sister.
  - e Such person as may be authorized under State law of the State of domicile of the incompetent, to receive payment for the benefit of the incompetent.
- 3 There is no guardian or committee and the payment is more than \$1,000, enter information with respect to whatever person may be authorized under State law of the State of domicile of the incompetent person to receive payment for the benefit of the incompetent.

**5 Items 13 and 14** - If any person whose name and address appear in item 11 is a minor or is under any legal disability, his/her name, followed by the word "minor" or "incompetent", whichever is applicable, must be entered in the space provided. The name and address of the representative of the minor or incompetent followed by the word "guardian", "natural guardian", "custodian", etc., as the case may be, must also be shown in the space provided. In such cases, application on behalf of the minor or incompetent relative must be made by his/her representative who shall sign in item 17.

**6 Signatures** - Except as provided in the preceding paragraph of this instruction, each person whose name appears in item 11 of this form should sign his/her name in item 17 exactly as it appears in item 11. A witness is required only where the applicant signs by mark or in other than English script, or prints his/her signature.

**PART B**

The application, when executed in accordance with the applicable regulations issued by the Department of Agriculture and these instructions, must be certified on behalf of the county FSA committee. The county FSA committee, in accordance with Handbook 7-AO, shall determine that all persons who sign in a representative or fiduciary capacity have the necessary authority. Where the application is based upon the disappearance of the producer, the applicant must present his/her affidavit and an affidavit of a disinterested person in the form required under the applicable regulations. The affidavits shall be retained by the county office in its files.

**PART C**

The FSA county office will enter the check or certificate numbers and date issued in the settlement of this claim.