

Form FE-4 (10-64)

OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE
4 East 24th Street
New York, New York 10010

CLAIM FOR DEATH BENEFITS
FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM.

PART A. GENERAL INFORMATION CONCERNING THE DECEASED

1. FULL NAME OF THE DECEASED (Last) (First) (Middle) MR. MRS. MISS <u>CARANCI, John C.</u>		2. DATE OF BIRTH Month Day Year <u>Feb. 7, 1922</u>		3. DATE OF DEATH Month Day <u>Jul. 14, 1970</u>	
4. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION. <u>Central Intelligence Agency</u>			5. LOCATION OF LAST EMPLOYMENT (City and State) <u>Washington, D.C.</u>		7. DATE OF FINAL SEPARATION (If Different From Date of Death) Month Day <u>Apr. 22, 1970</u>
			6. DOMICILE—(Legal Residence at Time of Death—City and State) <u>Centerdale, Rhode Island</u>		
8. WAS DECEASED RETIRED AND RECEIVING ANNUITY UNDER ANY FEDERAL CIVILIAN RETIREMENT SYSTEM, INCLUDING OLD-AGE AND SURVIVORS INSURANCE (SOCIAL SECURITY)? <input type="checkbox"/> YES <input type="checkbox"/> NO			9. (a) WAS DECEASED ON ACTIVE DUTY IN THE MILITARY FORCES OF THE U. S. AT TIME OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
9. (b) IF "YES," STATE BELOW			BRANCH OF SERVICE	SERIAL NO.	GRADE OR RANK
GIVE CLAIM NUMBER IF KNOWN: _____			ORGANIZATION TIME OF DEATH (Regiment, Co., etc.)		
IF RETIRED, SHOW DATE OF RETIREMENT: <u>4/22/70</u>					

IF THE DECEASED NAMED YOU AS BENEFICIARY ON STANDARD FORM 54 attach a receipted copy of the Designation of Beneficiary (Standard Form 54) to this claim, give your age and relationship in the box to the right, and complete Part F. on the other side. IF A RECEIPTED COPY OF STANDARD FORM 54 IS NOT ATTACHED, YOU MUST COMPLETE ALL PARTS OF THIS CLAIM FORM.

Your Age <u>25</u>
Relationship to Deceased <u>Son</u>

PART B. PERSONAL INFORMATION CONCERNING THE DECEASED

1. HOW MANY TIMES WAS DECEASED MARRIED? <u>1</u>	3. GIVE NAME OF EACH SPOUSE (including all former marriages)	4. HOW WAS MARRIAGE TERMINATED? (check one in each case) <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DIVORCE	5. DATE MARRIAGE TERMINATED <u>Sept. '64</u>
2. WAS THE DECEASED SURVIVED BY ANY CHILDREN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	

PART C. INFORMATION CONCERNING THE CLAIMANT

1. YOUR NAME (Last) (First) (Middle) MR. MRS. MISS <u>Caranci John C. Jr.</u>			2. YOUR RELATIONSHIP TO THE DECEASED <u>Son</u>		3. YOUR DATE OF BIRTH Month Day Year <u>Jan 21 1945</u>	
FILL IN BLANKS 4 THROUGH 14 IF YOU ARE THE WIDOW OR WIDOWER OF THE DECEASED.						
4. DATE OF MARRIAGE Month Day Year			5. PLACE OF MARRIAGE (City and State)		6. MARRIAGE WAS PERFORMED BY <input type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)	
7. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			8. IF NOT LIVING WITH DECEASED AT DEATH, WAS THERE A DIVORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. IF YOU WERE DIVORCED FROM DECEASED, GIVE DATE AND PLACE OF DIVORCE			10. IF SEPARATED BUT NOT DIVORCED, ATTACH A SIGNED STATEMENT GIVING COMPLETE DETAILS COVERING PERIOD OF SEPARATION, INCLUDING DATE AND CAUSE OF SEPARATION AND LEFT THE OTHER.			
MONTH	DAY	YEAR	CITY	STATE		
11. HOW MANY TIMES WERE YOU MARRIED?		12. GIVE NAME OF EACH SPOUSE (include all former marriages)		13. HOW WAS MARRIAGE TERMINATED? (Check one in each case)		14. DATE MARRIAGE TERMINATED
				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		
				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		
				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		

IN PARTS D. AND E. ONLY IF YOU ARE NOT THE DESIGNATED BENEFICIARY OR THE WIDOW OR WIDOWER OF THE DECEASED.

PART D. INFORMATION CONCERNING NEXT OF KIN OF DECEASED

1. List below the name, age, relationship, and address of:

- (a) Widow or widower;
- (b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (including adopted child or illegitimate child, stating which class it is) and the descendants of any deceased child or children;
- (c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;
- (d) If there are no survivors within the degrees indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

NAME	AGE	RELATIONSHIP TO DECEASED	ADDRESS
		Son	
		Son	
		Son	
		Son	

FILL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21.

2. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR THE ESTATE OF ANY MINOR CHILDREN ABOVE, GIVE NAME AND ADDRESS OF GUARDIAN AND ATTACH COPY OF THE APPOINTMENT PAPER ISSUED BY THE COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP.

3. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

NAME	ADDRESS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS.

2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

NAME	ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PART F. CERTIFICATION BY CLAIMANT

1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external and accidental means)? If "YES" submit coroner's and police reports, news clippings and any other available reports concerning the accident. No claim for such benefits can be considered if the date of insured's separation or retirement is prior to the date injuries were sustained which caused the death of the insured.

YES NO

I hereby certify that all statements made in this claim are true to the best of my knowledge, information and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

WARNING.—Any intentional false statement in this claim, or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

[Redacted Signature]

(NAME OF CLAIMANT—TYPE OR PRINT)

[Redacted Address]

(NUMBER AND STREET)

[Redacted City/State/Zip]

(CITY, STATE, AND ZIP CODE)

12 August 1970
(DATE)