



Newaygo County Veteran's Affairs Office
 1087 Newell PO Box 243
 White Cloud MI 49349
 Telephone: (231) 689-7030 Fax: (231) 689-7372

COUNTY BURIAL APPLICATION

Name of deceased _____

Address of deceased _____

Date of death _____ Deceased's Soc. Sec.# _____

Name of Veteran (if not deceased) _____

Veteran must have at least 90 days of active duty during the time periods listed below, to qualify for burial allowance funds or be discharged earlier for disability reasons.

WWI : April 6, 1917 to November 11, 1918
 Korea : June 27, 1950 to January 31, 1955
 Gulf War Era : August 2, 1990 to date to be determined

WWII : December 7, 1941 to December 31, 1946
 Vietnam : February 28, 1961 to May 7, 1975

Name of applicant _____

Address of applicant _____

Relationship to deceased _____

Applicant phone # _____

Funeral Director name _____

Was a VA marker applied for: YES ___ NO ___ Was veteran in receipt of pension or compensation: Yes ___ NO ___

In accordance with Sec 35.801 as amended by Act, 235, 2004, there is a \$40,000 asset limit on the estate of the deceased. The homestead of the deceased and life insurance proceeds payable to an individual are excluded from the \$40,000 limit.

PART A ASSETS & LIABILITIES

Please provide information for the following by inserting a dollar value:

REAL ESTATE (EXCLUDING HOMESTEAD) \$ _____
 LIFE INSURANCE PAYABLE TO DECEASED'S ESTATE \$ _____
 CASH (Checking or saving accounts) \$ _____
 STOCKS, BONDS, CD'S ETC. \$ _____
 Other personal property (boats, trailers, etc.) \$ _____
 LOANS \$ _____ LIENS \$ _____ MEDICAL \$ _____
 FUNERAL DEBT \$ _____ OTHER DEBTS (specify amounts and kind) _____

PART B REPORT TO NCDVA

To the Newaygo County Board of Commissioners:

I the County Veterans Service Officer (CVSO) have reviewed this claim, and to the best of my knowledge and belief find the deceased:

- () Left no dependents and did not leave an estate sufficient to meet lawful claims including burial cost.
- () Left ___ surviving dependent(s) and did not leave an estate including real estate and personal property exceeding \$40,000 over and above any encumbrances.

Authorized Agent _____ Date _____ of _____ 20__

REMARKS: _____

PART C NOTARIZED

I, _____ being duly sworn, depose and say that I completed this application for NCDVA Burial Funds and that the information is true and correct to the best of my knowledge and belief.

_____ Signed by applicant *

Sworn and subscribed before me on date _____ month _____ 2015

My notary public commission expires _____

Signed _____

PART D ASSIGNMENT OF BURIAL ALLOWANCE FUNDS

In consideration of services performed at the funeral of _____
Name of deceased

Expenses having been charged to me, I hereby assign my right and interest to the NCDVA Burial fund under Sec. 35.801 of Act 235, 2004 to:

_____ Name of Payee

_____ Address of payee

_____ Applicant signature

_____ Date

*Applications MAY BE RANDOMLY CHOSEN FOR REVIEW. AT WHICH TIME THE APPLICANT MAY BE CONTACTED TO CONFIRM THE ASSET INFORMATION LISTED ON THE APPLICATION