

# USDA FARMERS PROJECT CERTIFICATION

In order to process the 25% tax payment on behalf of a deceased claimant, for whom you submitted a claim in the *Keepseagle v. Vilsack Settlement*, we need you to provide the following certification information.

**Please provide the following Decedent information:**

Decedent's Full Name: \_\_\_\_\_

Decedent's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If an Estate has been established, please provide the Federal Estate Tax Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Please provide the following Beneficiary information:**

Beneficiary Full Name: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Beneficiary's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Beneficiary's Telephone Number: ( \_\_\_\_ \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Was the \$50,000 settlement payment claimed fully by the above Beneficiary? Yes \_\_\_\_ No \_\_\_\_

If the \$50,000 income cash settlement was distributed to other than the Beneficiary listed above, please complete the below information.

Name	Social Security Number	Amount Distributed	Date Distributed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Under penalties of perjury, I declare this form to be true, correct, and completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_