Dayton Oregon District Tragedy Fund
Application Form: Deceased

Deadline for submission of this form is 6:00 PM on October 31, 2019

All applications received by the submission deadline will be reviewed and certified pursuant to the Final Protocol. To assist us in this review and certification, please supply all required information on the form below. The Victim Witness Division of the Montgomery County Prosecutor’s Office will appoint an advocate to work directly with all applicants as requested to assist with the application process. The Victim Witness Division can be reached by telephone at (937) 225-5623.

1. Victim Information

First Name: M.I.: Last Name:

Date of Birth (mm/dd/yyyy): Marital Status:

/ /

☐ Single ☐ Married

Street Address: City: State: Zip Code: Country:

2. Applicant/Representative Information

Applicant relationship to Victim: ☐ Parent ☐ Spouse ☐ Child ☐ Legally Authorized Personal Representative:

Note: Please attach proof of representative capacity, such as marriage license, birth certificate, documentation of guardianship, etc. If the deceased was married at the time of death, the spouse must sign this application form. If the deceased was not married, the person legally responsible for administering the victim’s estate must sign the application form.

Applicant First Name: M.I.: Last Name: Date of Birth (mm/dd/yyyy):

/ /

Street Address: City: State: ZIP Code: Country:

Telephone (Day): Telephone (Evening/Cell): Email:

Name of Attorney (if represented): Attorney Phone: Attorney Email:
3. SUPPORTING DOCUMENTATION ATTACHED

- Proof of relationship to victim such as birth certificate(s) or marriage certificate: □ YES □ NO
- Proof of appointment as legally authorized personal representative, Executor or Administrator of the estate of the victim (if applicable): □ YES □ NO
- A list of the victim’s heirs and beneficiaries and a proposed distribution plan (Required): □ YES □ NO
- Proof of legal representation (if represented by an attorney, please provide a retention agreement signed by both the attorney and the claimant): □ YES □ NO

(Please be certain to include your name on all pages of documentation submitted. Note that the Dayton Oregon District Tragedy Fund, LLC reserves the right to require additional information or documentation if it determines, in its sole discretion, that such additional information or documentation is reasonably necessary for the proper assessment and certification of an application.)

4. PAYMENT INFORMATION (FOR CERTIFIED APPLICATIONS)

Check Payable to: ____________________ Address: ____________________

5. APPLICANT SIGNATURE (Required)

If the deceased individual was married at the time of death, the spouse must sign the application form.

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. Signature of Applicant on this Application Form does not constitute a Waiver of any Legal Rights.

Applicant Name (Print) ____________________ Applicant Signature ____________________ Date ____________

NOTARY SIGNATURE (Required)

State of: ____________________ County of: ____________________

The foregoing instrument was subscribed and sworn before me this day of ____________, 2019, by ____________________

My Commission Expires: ____________ Affix Notary Seal Here: ____________________

Signature of Notary ____________________ Date ____________

Please Return Completed Application Form with all supporting documentation via U.S Mail, Overnight Courier or in person to:

Dayton Oregon District Tragedy Fund, LLC
c/o The Dayton Foundation
Attn: Fund Administrator
1401 S. Main Street, Suite 100
Dayton, OH 45409
LIST OF HEIRS AND BENEFICIARIES AND PROPOSED DISTRIBUTION PLAN

Did the Victim leave a will?  
☐ Yes  ☐ No

If “Yes,” has the will been probated?  
☐ Yes  ☐ No

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<th>Beneficiary Names (First, Middle, Last)</th>
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Please attach an explanation of how you propose the award to be distributed. Legal heirs and beneficiaries must agree to and sign the Proposed Distribution Plan. If an allocation agreement cannot be reached by all legal heirs and beneficiaries, the amount to be distributed may be deposited with a court for ultimate allocation and distribution in accordance with that court’s order.

Applicant Name (Print)  Applicant Signature  Date