

PROOF OF SURVIVING LEGAL HEIRS

1. Name of deceased in full _____
2. Residence at time of death (complete address) _____
3. Name of Employer and address _____

 Position or assignment held at the time of death _____
4. (a) Date and place of deceased's birth _____
 _____ (Date) _____ (Place)
 (b) From what source was date of birth obtained _____
5. (a) Date and place of death _____
 _____ (Date) _____ (Place)
 (b) Cause of death _____
6. In what capacity, or by what title, do you claim the Home Development Mutual Fund (Pag-IBIG Fund) benefits of the deceased?

7. State whether the deceased has a last will and testament passed upon by a court and a regular administrator of the deceased's estate appointed by the court.

8. Give the names and addresses of the Surviving Heirs of deceased as of the date of his/her death in the following order; (If any of them are under age of majority or legally incompetent, state also the names of their guardian, if they are under guardianship)
 - (a) Widow/Widower _____
 - (b) Children (Include all children whether they are legitimate, legally adopted, acknowledged natural or illegitimate. Attach their birth or Baptismal Certificates or adoption papers).

Name of Children	Status (legitimate, legally adopted, acknowledged natural or illegitimate)	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

(c) Name of Parents	State whether still living or already deceased	Date of Birth
_____	_____	_____
_____	_____	_____

(d) Paternal and maternal grandparents in the absence of persons called for in items (b), and (c) above.		
_____	_____	_____
_____	_____	_____
_____	_____	_____

(e) Brothers and sisters in the absence of persons called for in items (b), (c) and (d) above. (Use another sheet if necessary)

	Name of Brother/Sister	Age	Address	Guardian of Minors
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

(f) Children of deceased brother/s and sister/s. (State age, address and guardian of minors). This is required only in the absence of items (b), (c) and (d) above.

(g) Other relatives. (State relationship to deceased)

The undersigned hereby make/s claim to the Pag-IBIG Fund Provident Benefits Claim/Insurance Claim of the deceased _____ and declare, confirm, affirm and agree that the written statements and affidavits and all other papers called for the instructions hereon shall constitute declaration, confirmation and affirmation and they are hereby made a part of this Proof of Surviving Legal Heirs and further declare, confirm, affirm and agree that the furnishing of this form or any other forms supplemented thereto, to said Pag-IBIG Fund shall not constitute nor be considered an admission by the Pag-IBIG Fund that the deceased is entitled to the Provident Benefits Claim/Insurance Claim under PD 1530 (As amended by Executive Order Nos. 527 and 538), PD 1752 (As amended by Executive Order Nos. 35 and 90, and Republic Act No. 7742), and RA 9679; nor a waiver of any of its right or defenses.

_____ CLAIMANT	_____ CLAIMANT	_____ CLAIMANT
ID No. _____	ID No. _____	ID No. _____
Valid until _____	Valid until _____	Valid until _____

With my marital consent:

_____ SPOUSE	_____ SPOUSE	_____ SPOUSE
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