

**DECLARATION OF ELIGIBILITY  
BY THE SPOUSE OF A DECEASED ELIGIBLE PERSON IDENTIFIED  
BY THE OFFICE OF REDRESS ADMINISTRATION**

This declaration shall be executed by the identified eligible person or such person's designated representative. Write the word "none" in any space you have left blank.

Complete the following information:

(1) Current Legal Name:\* Yonko Takano

(2) Current Address:\*\*  
Street: [REDACTED]

City, State and Zip Code: Los Angeles, California 90031

(3) Telephone Number:  
(Home) (213) [REDACTED] (Business) [REDACTED]

(4) Social Security Number: [REDACTED]

(5) Date of Birth: 5-30-18

(6) Relationship to the Deceased: Wife

(7) Date of Your Marriage to the Deceased: 3-22-42

**Sign this declaration on the reverse side.**

\* Please note that the name you write here will be exactly as it will be printed on your check.

\*\* If you request that the check be mailed to an address where the recipient does not reside, you (as formal or informal guardian) must submit proof of guardianship. (See reverse side)

**Read the following carefully before signing this document.**

A False Statement may be grounds for punishment by fine (U.S. Code, Title 31, Section 3729), and fine or imprisonment or both (U.S. Code, Title 18, Section 287 and Section 1001).

**I declare under penalty of perjury that the foregoing is true and correct.**

*Yonko Takano*

\_\_\_\_\_  
Signature\*\*\*

*4-17-90*

\_\_\_\_\_  
Date

\*\*\* If you sign this declaration for someone other than yourself, you must submit proof of guardianship. (see below)

### **PROOF OF GUARDIANSHIP**

Send this only if you signed the declaration for somebody else, or if you want the check mailed to an address that is different from where the recipient resides.

o You can send ONE of these:

If you are a friend or relative providing care to a recipient, send a statement describing your relationship and the extent to which you provide care to the recipient. These statements must be notarized or contain the statement, **"I declare under penalty of perjury that the foregoing statement is true and correct."** (Signature and today's date).

If you are a legally-appointed guardian, committee, or other representative, send a certificate executed by the proper official of the court appointment.

If you have been granted power of attorney by the recipient, send us a photocopy of this document that is either notarized or contains the statement, **"I declare under penalty of perjury that this is a true copy of the original power of attorney."** (Signature and today's date).

*Privacy Act Statement:* The authority for collecting this information is contained in 50 U.S.C. app. 1989b. The information that you provide will be used principally for verifying eligible persons for payment under the restitution provision of the Civil Liberties Act of 1988.