



DEPARTMENT OF ADMINISTRATION

Guam War Claims Processing Center

P.O. Box 7420 Tamuning, Guam 96931

Tel: 671-989-9277 | 671-989-9278

Email: guamwarclaims@doa.guam.gov | Website: www.doa.guam.gov



THE GUAM WAR PROCESSING CENTER WILL NOT BE MAKING ANY COPIES.

PLEASE SUBMIT COMPLETED APPLICATION WITH NOTARIZED DOCUMENTS TO:

- **Location:** Guam Museum or mail to the address above
- **Dates:** Friday, April 1, 2022- Friday, March 3, 2023
- **Time:** 9am to 3pm Monday to Friday

COMPENSABLE GUAM VICTIMS	
DOCUMENTS REQUIRED FOR LIVING COMPENSABLE VICTIMS	
<input type="checkbox"/>	Attachment 1: Statement of Claim- Original with Notary
<input type="checkbox"/>	Attachment 2: Beneficiary Form - Original with Notary
<input type="checkbox"/>	Attachment 3: Payment Option Form-Original Voided Check, Bank Verification, or Personalized Deposit Slip
<input type="checkbox"/>	Attachment 6: Consent to Disclose
<input type="checkbox"/>	Copy of Birth Certificate
<input type="checkbox"/>	Copy of Valid Government ID
<input type="checkbox"/>	Copy POA if applicable:
<input type="checkbox"/>	Other:
DOCUMENTS REQUIRED FOR DECEASED COMPENSABLE VICTIMS	
<input type="checkbox"/>	Attachment 1: Statement of Claim- Original with Notary
<input type="checkbox"/>	Attachment 3: Payment Option Form-Original Voided Check, Bank Verification, or Personalized Deposit Slip
<input type="checkbox"/>	Attachment 4: Affidavit for Survivor Distribution Original with Notary
<input type="checkbox"/>	Attachment 6: Consent to Disclose
<input type="checkbox"/>	Copy of Decedent Birth Certificate
<input type="checkbox"/>	Copy of Death Certificate
<input type="checkbox"/>	Copy of Valid Government Issued ID- Decedent
<input type="checkbox"/>	Copy of Valid Government Issued ID-Claimant
COMPENSABLE GUAM DECEDENT	
<input type="checkbox"/>	Attachment 1: Statement of Claim- Original with Notary
<input type="checkbox"/>	Attachment 3: Payment Option Form-Original Voided Check, Bank Verification, or Personalized Deposit Slip *Note-To be submitted for each surviving heir upon approval of claim
<input type="checkbox"/>	Attachment 5: Surviving Heir/s- Original
<input type="checkbox"/>	Attachment 6: Consent to Disclose
<input type="checkbox"/>	Copy of Decedent ID
<input type="checkbox"/>	Copy of Birth Certificate
<input type="checkbox"/>	Copy of Death Certificate
<input type="checkbox"/>	Copy of Valid Government Issued ID- Claimant

Please provide any other supporting documents that can substantiate your claim.

STATEMENT OF CLAIM

FOR FILING OF CLAIMS IN THE GUAM CLAIMS PROGRAM PURSUANT TO P.L. 36-73 & P.L. 36-62
GUAM WORLD WAR II RECONCILIATION ACT OF 2021

1. TYPE OF CLAIM

I hereby submit a claim for payment under the Guam World War II Reconciliation Act of 2021 as a:

PLEASE SELECT CLAIM TYPE (✓):

COMPENSABLE GUAM DECEDENT.—The term “compensable Guam decedent” means an individual determined under section 1705 to have been a resident of Guam who died as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces, and whose death would have been compensable under the Guam Meritorious Claims Act of 1945 (Public Law 79–224) if a timely claim had been filed under the terms of such Act.
Please complete the following sections: 2, 5, 7, 8 & 9

COMPENSABLE GUAM VICTIM—The term “compensable Guam victim” means an individual who is not deceased as of the date of the enactment of this Act (December 23, 2016) and who is determined under section 1705 to have suffered, as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces, any of the following:
(A) Rape or severe personal injury (such as loss of a limb, dismemberment, or paralysis).
(B) Forced labor or a personal injury not under subparagraph (such as disfigurement, scarring, or burns).
(C) Forced march, internment, or hiding to evade internment.
Please mark one (✓):
 Living Compensable Victim- Please complete sections: 2, 4, 6, 7 & 9.
 Deceased Compensable Victim-Please complete sections: 2, 3, 4, 6, 7 & 9.

CONTACT INFORMATION
2. COMPENSABLE GUAM VICTIM/DECEDENT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address State/Zip Code

DOB: _____ DOD: _____
If applicable

SSN: _____ Primary Contact# _____

Alternate #'s: _____ Email _____

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Initials & DOB: _____

3. CLAIMANT SUBMITTING A CLAIM ON BEHALF OF A DECEASED COMPENSABLE GUAM VICTIM OR COMPENSABLE GUAM DECEDENT (if any)

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address State/Zip Code

DOB: _____ Relationship to the Victim/Decedent: _____

SSN: _____ Phone # _____

Alt Phone# _____ Email: _____

LEGAL REPRESENTATIVE (if any)

Name of Legal Representative: _____
Last Name First Name MI

Name of Law Firm: _____

Street Address: _____

Phone #'s: _____ Email: _____

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4. GUAM RESIDENCY

Have you ever been or was the victim/decedent a resident of Guam? Yes No

If the above answer is "Yes," please provide the date(s) of residency (from/to). _____

5. CLAIM OF SURVIVOR OF COMPENSABLE GUAM DECEDENT: Decedent is a resident of Guam who died as a result of the attack and occupation of Guam Imperial Japanese military forces during World War II

Complete this Section only if you are submitting a claim as a Survivor of a Compensable Guam Decedent.

5.1 Are you a spouse, child, or parent of an individual who died as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces?

Yes No If yes, please respond to each question below.

5.2 Was the decedent a resident of Guam? Yes No

5.3 If the answer above is "Yes," please provide the date(s) of residency (from/to). _____

5.4. Identify all known living survivors of the decedent and the relation including, to the extent applicable, the decedent's spouse, children, and parents. **Please complete ATTACHMENT 5 – Living Surviving Heirs**

5.5 Please provide as detailed an account as you recall of the facts and circumstances relating to the decedent's death. Please specify the cause of the decedent's death, if known. You may also attach any other evidence that you believe supports your answers to the above questions. (Attach additional pages as necessary using 8"x11" white paper):
PLEASE REFRAIN FROM REFERENCING NAMES. Ex. refer to decedent as mother, father or spouse.

6 CLAIM OF COMPENSABLE GUAM VICTIM-

PLEASE REFRAIN FROM REFERENCING NAMES. Ex. refer to yourself as "I" or decedent as mother, father or spouse.

Complete this Section only if you are submitting a claim as a Compensable Guam Victim or on behalf of a deceased Compensable Guam Victim:

6.1 Hiding To Evade Internment

6.1.1 Did you hide to evade internment, as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? Yes No

If YES, please respond to each question below.

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6.1.2 Please provide the approximate date(s) and location(s) of your hiding.

6.1.3 Please provide a detailed account of the facts or circumstances relating to your hiding and describe the conditions you experienced while in hiding. (Attach additional pages as necessary using 8"x11" white paper)

6.2 Internment: Confined or Imprisoned

6.2.1 Were you interned as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? Yes No If yes, please respond to each questions below.

6.2.2 Please provide the approximate date(s) and location(s) of your internment.

6.2.3 Please provide a detailed account of the facts or circumstances relating to your internment and describe the conditions you experienced while interned. (Attach additional pages as necessary using 8"x11" white paper)

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Initials & DOB: _____

6.3 Forced March

6.3.1 Were you a victim of forced march as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? Yes No If yes, please respond to each questions below.

6.3.2 Please provide the approximate date(s) and location(s) where the forced march took place.

6.3.3 Please provide a detailed account of the facts or circumstances that resulted in the forced march and describe the conditions you experienced. Please specify the food, water, and clothing rations you received, the number of hours you were required to walk every day, and the provisions made for overnight or temporary accommodation. (Attach additional pages as necessary using 8"x11" white paper)

6.4 Forced Labor

6.4.1 Were you a victim of forced labor as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? Yes No If yes, please respond to each questions below.

6.4.2 Please provide the approximate date(s) and location(s) where labor was performed.

6.4.3 Please provide your age at the time the labor was performed. _____

6.4.4 Did you receive compensation for your labor? Yes No

6.4.5 Please provide a detailed description of the type of labor that you performed and the conditions you experienced at your place(s) of labor. Please specify whether your labor had direct relation to war operations. (Attach additional pages as necessary using 8"x11" white paper)

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Initials & DOB: _____

6.5 Personal Injury

6.5.1 Did you suffer a personal injury as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? Yes No If yes, please respond to each question below.

6.5.2 Please identify the injury that you suffered (check all that apply) and provide the date and place of injury. If your injury is not listed, please enter it in the space provided at the end of the chart below.

Type of Injury	Approximate Date of Injury	Location of Injury
<input type="checkbox"/> Dismemberment		
<input type="checkbox"/> Loss of Limb		
<input type="checkbox"/> Paralysis		
<input type="checkbox"/> Disfigurement		
<input type="checkbox"/> Burns		
<input type="checkbox"/> Scarring		
<input type="checkbox"/> Other (Please Specify)		
<input type="checkbox"/> Other (Please Specify)		

6.5.3 Please provide a detailed description of the nature and extent of your injury, the cause of your injury (if known), and the circumstances under which it occurred. You may also attach to this claim form any other evidence, including photographic evidence, that you believe supports your answers to the above questions. (Attach additional pages as necessary)

6.5.4 Did your injury require treatment? Yes No

6.5.5 If the answer is "Yes," where were you treated and what kind of treatment did you receive?

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Initials & DOB: _____

6.6 Rape

6.6.1 Were you the victim of rape as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? Yes No If yes, please respond to each question below.

6.6.2 Please provide the approximate date(s) and location(s) of your injury.

6.6.3 Please provide a detailed account of your injury and the facts and circumstances relating to it. (Attach additional pages as necessary using 8"x11" white paper)

6.7 Level of Payment Sought

Please specify the level of payment sought for your Compensable Guam Victim claim.

- \$10,000 - Forced march, internment, or hiding to evade internment
- \$12,000 - Forced labor or personal injury (such as disfigurement, scarring, or burns)
- \$15,000 - Severe personal injury (such as loss of limb, dismemberment, or paralysis) or rape

7 PRIOR RECEIPT OF COMPENSATION

Have you or the decedent received any compensation from any source with respect to the subject matter of this claim, including amounts paid under the Guam Meritorious Claims Act of 1945 (Public Law 79-224) or the Guam World War II Loyalty Recognition Act? Yes No If yes, please respond to each question below.

If the answer is "Yes," state the date of receipt, source, and amount of compensation.

- Guam Meritorious Claims Act 1945? Date: _____ Amount: \$ _____
- Guam World War II Loyalty Recognition Act? Date: _____ Amount: \$ _____

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Initials & DOB: _____

GUAM WORLD WAR II RECONCILIATION ACT OF 2021

Beneficiary Designation Form

CLAIMANT Information

Your Name:

Date:

SSN:

DOB:

Phone#:

DEFINITIONS

PRIMARY BENEFICIARY(IES): I hereby designate the person or entity named below as primary beneficiary.

CONTINGENT BENEFICIARY(IES): If there are no primary beneficiary living at the time of my death, I hereby specify that the balance be distributed to the contingent beneficiary.

[PRIMARY] Designation of Beneficiary

Name	SSN/DOB	Mailing Address	Contact No.	Relationship

[CONTINGENT] Designation Beneficiary

Name	SSN/DOB	Mailing Address	Contact No.	Relationship

I understand that should I pass during the adjudication of my claim, it will be a one-time payout in the amount awarded by the Committee to the primary beneficiary identified below. If there are no primary beneficiary living at the time of my death, it will be paid out to the contingent beneficiary identified below. If no designated beneficiary survives me, or if no beneficiary designation is in effect at my death, the account balance(s) will be paid to my spouse, or if I am not survived by a spouse, to my estate. I am aware that this form replaces all prior beneficiary designations for the account(s) listed on this form, becomes effective when received and accepted by Guam War Claims Office, and will remain in effect until I deliver to Guam War Claims Office another designation form with a later date.

PRINT Name

SIGNATURE

Date

Signature of Plan Administrator or Notary Public

Date

Notary Title/Commission

Expiration Date

IN THE MATTER OF THE ESTATE OF

Deceased

AFFIDAVIT FOR SUMMARY DISTRIBUTION; 15 G.C.A. § 3101

_____, being duly sworn, deposes and states as follows:

_____ ("Decedent") died on

_____, and at the time of his/her death was a resident of the Territory of Guam, and left property in Guam. A true and correct copy of his/her death certificate is attached hereto as Exhibit A. Check the box that applies:

I am the surviving spouse of Decedent. OR

I am a surviving child/heir of Decedent.

Decedent is survived by his/her spouse (if any), and/or the following children, whose names, relationship and ages are:

Name	Relationship	Age

The character and estimated value of the property of Decedent is as follows:

Guam World War II Loyalty Reconciliation Act of 2021 "War Claims Award" in the amount of:

\$_____.

The value of the estate of Decedent as described above is less than \$75,000.00, and the Decedent left no real property on Guam that was otherwise not community property that may pass to his/her surviving spouse under 15 G.C.A. §§ 1001, or held in joint tenancy.

Pursuant to 15 G.C.A. § 3101, the Decedent's estate is subject to summary distribution without the need for probate administration.

15 G.C.A § 3101:

When a decedent leaves no real property, nor interest therein nor lien thereon, in the territory of Guam, and the total value of the decedent's property in the territory of Guam ... does not exceed Seventy-Five Thousand Dollars (\$75, 000), the surviving spouse, the children, lawful issue of deceased children, a parent, brothers or sisters of the decedent, the lawful issue of a deceased brother or sister, the guardian of the estate of any minor or incompetent person bearing such relationship to the decedent, or the trustee named under a trust agreement executed by the decedent during his lifetime, the primary beneficiaries of which bear such relationship to the decedent, if such person or persons has or have a right to succeed to the property of the decedent, or is the sole beneficiary or are all of the beneficiaries under the last will and testament of the decedent, may without procuring letters testamentary, letters of administration with the will annexed or letters of administration, and without awaiting administration upon the estate of an intestate decedent or the probate of the will of a testate decedent, collect any money due to the decedent, receive the property of the decedent, and have any evidences of interest, indebtedness or right transferred to such person or persons upon furnishing the person, representative, corporation, officer or body owing the money, having custody of such property or acting as registrar or transfer agent of such evidences of interest, indebtedness or right, with an affidavit showing the right of the person or persons to receive the money or property, or to have such evidences transferred.

15 G.C.A. § 3105:

The receipt of the affiant or affiants referred to in Sections 3101 and 3130 of this Title shall constitute sufficient acquittance for the payment of money or delivery of property made pursuant to the provisions of Section 3101 and 3103 of this Title and shall fully discharge such person, representative, corporation, officer or body from any further liability with respect thereto, without the necessity or inquiring into the truth of any of the facts stated in the affidavit. But such payment or transfer shall not preclude administration upon the decedent's estate when necessary to enforce payment of the decedent's debts.

15 G.C.A. § 3109:

If the decedent leaves a surviving spouse or minor child or minor Children, and the net value of the whole estate, over and above all liens and encumbrances at the date of death and over and above the value of any homestead interest set apart out of the decedent's estate... does not exceed the sum of Seventy-Five Thousand Dollars (\$75,000), the same may be set aside to the surviving spouse, if there be one, and if there be none, then to the minor child or minor children of the decedent.

15 G.C.A. § 5104. Summary Distribution of War Claims Awards.

(a) When a war claims awardee dies before receiving the award, a war claims award awarded by the Foreign Claims Settlement Commission may be set aside to a decedent's heirs at law without further administration pursuant to this Title; provided, that no probate proceedings or petition to commence such proceedings for administration upon the decedent's estate are then pending.

(b) A verified petition, together with a prayer that the award be set aside as provided herein, may be presented by any heir at law of the decedent or any heir at law of a deceased heir. The petition shall contain allegations showing that this Section is applicable, and shall state the names, mailing addresses, and relationships of each heir at law of the decedent, as well as each heir at law of any deceased heirs, and their respective fractional interests in the award. The petition shall further state, without qualification, that if the petition be granted the petitioner will distribute the award with due diligence to the persons named in the petition, according to their respective interests.

COMPENSABLE GUAM DECEDENT - SURVIVING HEIRS

GUAM VICTIM/DECEDENT NAME:

DOB:

Submitted by:

Contact No.:

Pursuant to § 13.302 (b) Distribution of Survivor Payments

1. Spouse is living as of the date December 23, 2016 pursuant to US PL 114-328 with no living children. Payment shall be made to such Spouse (marriage certificate or supporting documents to substantiate the relationship).
2. Spouse is living as of the date December 23, 2016 pursuant to US PL 114-328 and had one or more living children as of such date, 50% of the payment shall be made to the spouse & 50% shall be divided equally to such child/ren (marriage & birth certificate or supporting documents to substantiate the relationship).
3. Spouse is not living of the date December 23, 2016 pursuant to US PL 114-328 and had one or more living children as of such date, payment shall be divided equally to such child/ren (birth certificate and/or supporting documents to substantiate the relationship).
4. No living spouse or children, but has a living parent/s. Payment shall be made to parent/s (birth certificate or supporting documents to substantiate the relationship).
5. No payment shall be made if decedent whose spouse, children, or parents are living (birth certificate or supporting documents to substantiate the relationship).

5.4 Identify all known living survivors of the decedent and the relation including, to the extent applicable, the decedent's spouse, children, and parents. Ex. John Doe – Spouse

Print Name	Relationship: (Spouse, daughter, son, etc)	Contact Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

* Upon approval, a separate payment option form must be completed to process payment.

I hereby declare that Decedent died without a Will and that Decedent's only surviving heirs are his/her spouse and/or children named above.

PRINT NAME

SIGNATURE

DATE

CONSENT TO DISCLOSE INFORMATION ON STATEMENT OF CLAIM FORM

Print Name: _____ DOB: _____
Victim/Decedent

Print Name: _____ Relation to decedent: _____
Representative (if applicable)

Please initial ONE:

_____ I **consent** to the release of my information to the Guam War Claims
Initial Adjudication Committee (Committee) to disclose information such as my
 name, testimonies or other information contained in the Statement of Claim
 form and to make such information public as deemed necessary. The
 Committee shall use the information in compliance with applicable laws. I
 further affirm that by consenting to the release, I hold harmless and will not
 file any action or suit against the Committee or Government of Guam for
 releasing my information to the public, media, government agency or any
 other instrumentality of the government of Guam. I further understand and
 acknowledge that personal identifiable information such as social security
 number will not be released under any circumstances. Furthermore, I
 understand that this consent will remain in effect until I revoke it in writing.

_____ I **do NOT** consent to the release of my information. I understand this will
Initial not affect any decision of the Adjudication Committee.

By signing below, I affirm I have read and understood the information above (to be signed
 by living victim or representative of decedent).

 Signature

 Date