

Claude Simon

Administrator Estate of Vicki Simon

534 West 42nd Street APT 8

New York, NY 10036

Duke Energy

Investor Relations

526 South Church Street, EC01W

Charlotte, NC 28202

RE: Account 461792 Re-Registration

To Whom It May Concern:

Enclosed please find the requested documents for the re-registration of Vicki Simon (deceased 9-30-2018) and John Simon (deceased 6-27-2013) in the name of Vicki Simon Estate.

1. Original Death Certificate John M. Simon
2. Original Death Certificate Vicki Simon
3. Original Certificate of Appointment for Claude Simon for the Estate of Vicki Simon
4. Duke Energy Stock Power Form, medallion signed
5. W9

Please return the original documents to me in the enclosed self addressed stamped envelope after you are done.

Thank You.

Sincerely,



Claude Simon

Administrator

Estate of Vicki Simon

**Section 1: Current shareholder information**
**VICKI SIMON AND JOHN M SIMON JT TEN**

Current registration

561792

Current account number

(912) 441-0062

Daytime phone number

**Section 2: Number of shares to be transferred/purpose of transfer**

Please fill in the number of shares to be transferred in the spaces provided below. Original stock certificates (if any) must be submitted with this stock power form.

Total number of certificate shares (list certificate numbers below): \_\_\_\_\_

 Total Dividend Reinvestment Plan (DRIP) shares (if all, write ALL): ALL

Total Direct Registration System (DRS) shares (if all, write ALL): \_\_\_\_\_

 What is the purpose of the transfer? Select only **one** of the following:

 **Gift**
 **Re-registration of account** (for example: legal change of name, transfer on death (TOD) recipient, transfer into a trust or adding a joint owner)

 **Inheritance** Date of Death \_\_\_\_\_

 Fair market value price per share for cost basis \$ \_\_\_\_\_  
 (If blank, fair market value on date of death will be used)

 **Private sale** Date of Sale \_\_\_\_\_

Price per share \$ \_\_\_\_\_

**Section 3: New shareholder information**
**For value received**, the undersigned does (do) hereby sell, assign and transfer to:

Select the correct type of shareholder registration and fill in the appropriate information (see page 3 for explanations and requirements for the various types of registrations).

 Individual or joint (adults only)

New shareholder

Social Security number

Joint shareholder (if any, please provide tenancy clause)

 Custodial registration for a minor

Name of custodian

Minor's Social Security number

Name of minor

Minor's date of birth

Minor's state of residence

 Trust registration

Name(s) of trustee(s)

Date of trust

Name of trust

Social Security or taxpayer ID number

New shareholder information continued on page 2.

**Section 3: New shareholder information (continued)**

Transfer on Death (TOD) – Subject to Securities Transfer Association (STA) TOD rules.

New shareholder \_\_\_\_\_

Social Security number \_\_\_\_\_

Joint shareholder (if any) \_\_\_\_\_

TOD recipient (only one recipient per account) \_\_\_\_\_

Estate Account

VICKI SIMON \_\_\_\_\_

Social Security or taxpayer ID number 846656649

Name of decedent \_\_\_\_\_

CLAUDE SIMON \_\_\_\_\_

Name of executor/personal representative \_\_\_\_\_

Other (corporation, partnership, LLC, etc.)

Legal name of new owner/entity \_\_\_\_\_

Social Security or taxpayer ID number \_\_\_\_\_

**Section 4: Mailing address of new shareholder(s):**

534 WEST 42ND STREET APT 8

Street address \_\_\_\_\_

NEW YORK

NY

10036

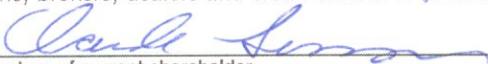
City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

**Section 5: Signature(s) of current owner(s)**

The undersigned does (do) hereby irrevocably constitute and appoint Duke Energy Corporation attorney to transfer said stock on the books of said Company with full power of substitution in the premises. All current shareholders must sign their names exactly as they appear on the account and mark the correct capacity. All signatures must be guaranteed by a member of an approved medallion signature guarantee program. A medallion signature guaranteee is designed to protect you and Duke Energy. Members include commercial banks, savings and loans, brokers, dealers and credit unions. **A notarized signature is not acceptable.**



Signature of current shareholder \_\_\_\_\_

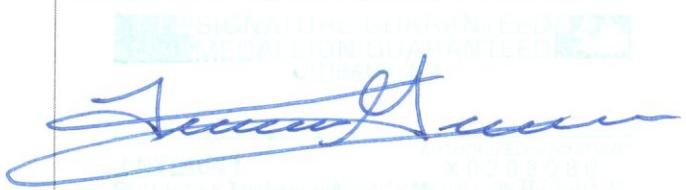
CLAUDE SIMON, ADMINISTRATOR VICKI SIMON ESTATE

Printed name of current shareholder \_\_\_\_\_

Mark **one** box below with the correct capacity. Transfer will be rejected if capacity is not marked:

<input type="checkbox"/> Owner	<input type="checkbox"/> Successor custodian (due to death)	<input type="checkbox"/> Personal representative
<input type="checkbox"/> Surviving joint tenant	<input type="checkbox"/> Trustee/successor trustee	<input type="checkbox"/> TOD beneficiary
<input checked="" type="checkbox"/> Administrator	<input type="checkbox"/> General partner	<input type="checkbox"/> Authorized corporate officer
<input type="checkbox"/> Former minor, now of age	<input type="checkbox"/> Successor by small estate affidavit	<input type="checkbox"/> Executor
<input type="checkbox"/> Custodian	<input type="checkbox"/> Conservator	<input type="checkbox"/> Guardian
<input type="checkbox"/> Custodian for minor (account erroneously set up as an adult)	<input type="checkbox"/> Power of attorney	

Affix medallion signature guarantee stamp here:



Signature of joint shareholder (if any) \_\_\_\_\_

Printed name of joint shareholder \_\_\_\_\_

Mark **one** box below with the correct capacity. Transfer will be rejected if capacity is not marked:

<input type="checkbox"/> Owner	<input type="checkbox"/> General partner	<input type="checkbox"/> Authorized corporate officer
<input type="checkbox"/> Surviving joint tenant	<input type="checkbox"/> Successor by small estate affidavit	<input type="checkbox"/> Executor
<input type="checkbox"/> Administrator	<input type="checkbox"/> Conservator	<input type="checkbox"/> Guardian
<input type="checkbox"/> Trustee/successor trustee	<input type="checkbox"/> Personal representative	

Affix medallion signature guarantee stamp here:

**Section 6: Mailing Instructions**

Mail the completed form to:

**Duke Energy  
Investor Relations  
P.O. Box 1005  
Charlotte, NC 28201-1005**

Or overnight:

**Duke Energy  
Investor Relations  
526 South Church Street, EC01W  
Charlotte, NC 28202**

**Guidelines for Section 3: New shareholder information**
**Individual**

Gives sole ownership to one individual and requires that person's legal name be used. The registration should consist of first name, middle initial and last name only.

Example: **Mary R. Smith**

**Joint Tenants**

Used when two or more individuals have equal claim to the assets. Should one of the parties die, ownership of the assets passes to the surviving tenant(s).

Example: **John P. Smith & Mary R. Smith JT TEN**

**Tenants In Common**

Used when two or more individuals have a separate and undivided interest in the assets. Should one of the parties die, that person's undivided interest passes to the estate of the holder rather than to the surviving tenant(s).

Example: **John P. Smith & Mary R. Smith TEN COM**

**Custodial Registration for Minor**

Used when the beneficial owner of the assets is a minor. This registration requires the name of the custodian who supervises the account as well as the name of the minor.

Example: **John P. Smith CUSTODIAN for Michael R. Smith UNIF TRANS MIN ACT NC**

**Trust**

Trust registration requires the following information: name of trustee(s), date of trust, name of trust and/or maker or beneficiary.

Example: **John P. Smith & Mary R. Smith TR UA 4/15/95 Smith Family Trust**

**Transfer on Death (TOD)**

Used to designate beneficiaries to receive assets upon a person's death. The owner of a security registered in TOD form must be a natural person or natural persons holding the security as joint owners with right to survivorship. TOD registrations by non-natural persons (such as a trust or partnership) are not permitted. There may be only one beneficiary per registration. The beneficiary may be an individual or other entity.

Example: **John P. Smith TOD Mark A Smith SUBJECT TO STA TOD RULES**

**John P. Smith & Mary R. Smith JT TEN TOD Mark A Smith SUBJECT TO STA TOD RULES**

**Estate**

Used to register an account in the decedent's estate. This registration lists the person(s) appointed by the probate court who is (are) responsible for handling the estate.

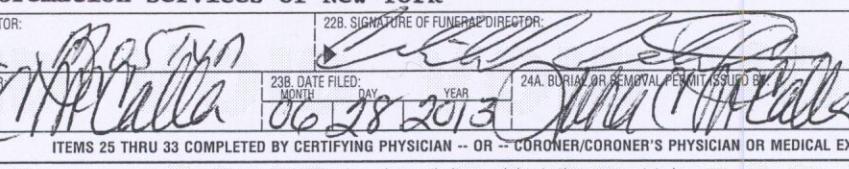
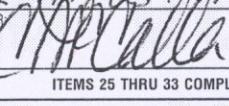
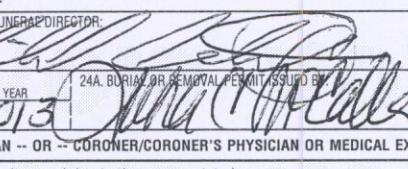
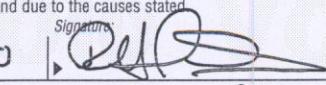
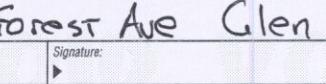
Example: **Mary R. Smith EXECUTOR John P. Smith Estate**

REGISTERED DISTRICT  
290  
REGISTERED NUMBER  
229

NEW YORK STATE  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE		MIDDLE LAST			2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> 2	3A. DATE OF DEATH: MONTH DAY YEAR	3B. HOUR: 6:30 A.M.								
NCHS		1. NAME: FIRST JOHN M. SIMON			4A. PLACE OF DEATH: HOSPITAL HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify)		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR								
4C		4C. NAME OF FACILITY: (If not facility, give address) 6 Edwards Lane Glen Cove, NY 11542			4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Glen Cove		4E. COUNTY OF DEATH: Nassau								
4G		4F. MEDICAL RECORD NO.		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO YES <input checked="" type="checkbox"/>		4H. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) New York, NY			4I. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:						
DECEDENT		5. DATE OF BIRTH: MONTH DAY YEAR		6A. AGE IN YEARS: 91 yrs.		6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province)					
1942-45		8. SERVED IN U.S. ARMED FORCES? (Specify years) NO YES <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1942-45		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)		10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify) P <input type="checkbox"/> Other Asian (Specify) R <input type="checkbox"/> Other Pacific Islander (Specify) S <input type="checkbox"/> Other (Specify)									
PARENTS		11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input checked="" type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		12. SOCIAL SECURITY NUMBER: 015-16-5808		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input checked="" type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5		14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Vicki Claireaux							
16A. RESIDENCE: (State or Country if not USA) New York		16B. County or Region/Province if not USA: Nassau		16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Glen Cove		16D. STREET AND NUMBER OF RESIDENCE: 6 Edwards Lane		16E. ZIP CODE: 11542		16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN: Glen Cove					
17. BIRTH NAME OF FATHER / PARENT: Samuel		18. BIRTH NAME OF MOTHER / PARENT: Simon Lizzie		19. NAME OF INFORMANT: Vicki Simon		19B. MAILING ADDRESS: (Include zip code) 6 Edwards Lane Glen Cove, NY 11542		20. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Nassau-Suffolk Crematory		20C. LOCATION: (City or town and state) Lake Ronkonkoma, NY					
21A. NAME AND ADDRESS OF FUNERAL HOME: Affordable Cremation Services of New York		21B. REGISTRATION NUMBER: 00029		22A. NAME OF FUNERAL DIRECTOR: Michael J. H. Samuel		22B. SIGNATURE OF FUNERAL DIRECTOR: 		23A. SIGNATURE OF REGISTRAR: 		23B. DATE FILED: MONTH DAY YEAR 06 28 2013		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: 		24B. DATE ISSUED: MONTH DAY YEAR 06 28 2013	
DISPOSITION		25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Russell H. Samuel		25B. IF CORONER IS NOT A PHYSICIAN, ENTER CORONER'S PHYSICIAN'S NAME & TITLE: Physician's Name: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		25C. IF CERTIFIER IS NOT ATTENDING PHYSICIAN, ENTER ATTENDING PHYSICIAN'S NAME & TITLE: Physician's Name: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		25D. ADDRESS: 104 Forest Ave Glen Cove, NY 11542		25E. LICENSE NUMBER: 161000		25F. SIGNATURE: 			
CERTIFIER		25G. IF CORONER IS NOT A PHYSICIAN, ENTER CORONER'S PHYSICIAN'S NAME & TITLE: Physician's Name: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		25H. IF CERTIFIER IS NOT ATTENDING PHYSICIAN, ENTER ATTENDING PHYSICIAN'S NAME & TITLE: Physician's Name: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		25I. ADDRESS: 104 Forest Ave Glen Cove, NY 11542		25J. LICENSE NUMBER: 161000		25K. SIGNATURE: 					
CAUSE OF DEATH		26A. ATTENDING PHYSICIAN: Month Day Year FROM 6 1 1993 TO 6 13 2013		26B. DECEASED LAST SEEN ALIVE: Month Day Year BY ATTENDING PHYSICIAN: 06 13 2013		26C. DECEASED ON: Month Day Year 6 27 13		26D. TIME AT DEATH: 6:30 A.M.							
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		29A. AUTOPSY? NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> YES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2									
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		31. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		32. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		33. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))									
PART I. IMMEDIATE CAUSE: Pancreatic Cancer		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Kidney Cancer		PART III. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		PART IV. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))									
DUE TO OR AS A CONSEQUENCE OF: (B)		DUE TO OR AS A CONSEQUENCE OF: (C)		DUE TO OR AS A CONSEQUENCE OF: (A)		DUE TO OR AS A CONSEQUENCE OF: (B)									
34. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (Specify)		35. INJURY LOCALITY: (City or town and county and state) m		36. INJURY OCCURRED: (Specify date, time, and circumstances)		37. PLACE OF INJURY: (City or town and county and state)									
38. WAS DECEASED HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input 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RECORDED DISTRICT  
2901  
REGISTER NUMBER  
278

NEW YORK STATE  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

## STATE FILE NUMBER

1. NAME: FIRST VICKI		MIDDLE R.C.		LAST SIMON		2. SEX: MALE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 FEMALE	3A. DATE OF DEATH: MONTH 09	DAY 30	YEAR 2018	3B. HOUR: 10:40 A m	
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ER OUTPATIENT		HOSPITAL INPATIENT		NURSING HOME RESIDENCE		PRIVATE HOSPICE FACILITY		OTHER (Specify): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR	
4C. NAME OF FACILITY: (If not facility, give address) 6 EDWARDS LANE, GLEN COVE, NY 11542		4D. LOCALITY: (Check one and specify) XX <input type="checkbox"/> <input type="checkbox"/> GLEN COVE		4E. COUNTY OF DEATH: NASSAU							
4F. MEDICAL RECORD NO.		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input type="checkbox"/> <input checked="" type="checkbox"/> XX		4H. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) LONDON, UNITED KINGDOM		4I. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: N/A					
5. DATE OF BIRTH: MONTH 08 DAY 19 YEAR 1924		6A. AGE IN YEARS: 94 yrs.		6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) LONDON, UNITED KINGDOM		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: N/A	
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input type="checkbox"/> YES <input type="checkbox"/> <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. XX No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify):		10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: XX White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Specify): <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Other (Specify):							
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. XX 8th grade <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate/Professional degree		12. SOCIAL SECURITY NUMBER: 067-24-5882		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5		14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.					
15A. USUAL OCCUPATION: (Do not enter retired) HOME MAKER		15B. KIND OF BUSINESS OR INDUSTRY: HOME MAKER		15C. NAME AND LOCALITY OF COMPANY OR FIRM: OWN HOME		16F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? □ YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN: GLEN COVE					
16A. RESIDENCE: (State or Country if not USA) NEW YORK		16B. County or Region/Province if not USA: NASSAU		16C. LOCALITY: (Check one and specify) XX <input type="checkbox"/> <input type="checkbox"/> GLEN COVE		16E. ZIP CODE: 11542					
16D. STREET AND NUMBER OF RESIDENCE: 6 EDWARDS LANE, GLEN COVE		16F. LOCATION: (City or town and state) NASSAU-SUFFOLK CREMATORY		16G. BIRTH NAME OF MOTHER / PARENT: CHARLES CLAIREAU		16H. BIRTH NAME OF MOTHER / PARENT: FLORRIE GREEN					
17. BIRTH NAME OF FATHER / PARENT: CHARLES		18. BIRTH NAME OF MOTHER / PARENT: CLAUDE SIMON		19A. NAME OF INFORMANT: CLAUDE SIMON		19B. MAILING ADDRESS: (Include zip code) 71 TONJES ROAD, CALlicoon, NY 12723					
20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL MONTH 6 <input type="checkbox"/> ENTOMBMENT 10 05 2018		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: NASSAU-SUFFOLK CREMATORY		20C. LOCATION: (City or town and state) LAKE RONKONKOMA, NY							
21A. NAME AND ADDRESS OF FUNERAL HOME: AFFORDABLE CREMATION SERVICES OF NEW YORK 130 CARLETON AVENUE, CENTRAL ISLIP, NY 11722		21B. REGISTRATION NUMBER: 00029									
22A. NAME OF FUNERAL DIRECTOR: NICHOLAS A WHEELER		22B. SIGNATURE OF FUNERAL DIRECTOR: ► <i>Nicholas A Wheeler</i>		22C. REGISTRATION NUMBER: 14544							
23A. SIGNATURE OF REGISTRAR: ► <i>Eileen Born</i>		23B. DATE FILED: MONTH 10 DAY 05 YEAR 2018		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: ► <i>Eileen Born</i>		24B. DATE ISSUED: MONTH 10 DAY 05 YEAR 2018					
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER											
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: <i>Anfpc</i> License No.: <i>305 792</i> Signature: <i>Anfpc</i> Month Day Year Carmen Bassareg <i>305 792</i> Carmen Bassareg <i>10 01 2018</i>											
Certifier's Title: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner Address: <i>99 Sunnyside Blvd Woodbury NY 11797</i>											
25B. If certifier is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Address:											
25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Address:											
26A. Attending physician attended deceased: Month FROM 08 18 2018 TO 09 30 2018		26B. Deceased last seen alive by attending physician: Month 09 29 2018		26C. Pronounced dead: ON 09 30 2018 AT 10:40 A M							
27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT <input type="checkbox"/> 2 <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 5 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 6 PENDING INVESTIGATION		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED		29A. AUTOPSY? NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> YES <input type="checkbox"/>							
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL											
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) <i>Sepsis, unspecified organism</i> Weeks DUE TO OR AS A CONSEQUENCE OF: (B) <i>Cholangitis</i> <i>8/13/2018</i> DUE TO OR AS A CONSEQUENCE OF: (C)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): <i>Atherosclerotic Heart Disease</i>											
31A. IF INJURY, DATE: MONTH DAY YEAR		31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:		31D. PLACE OF INJURY:		31E. INJURY AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN 0 <input type="checkbox"/> 1 <input type="checkbox"/>			
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (Specify):		32. WAS DECEDEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/> 33A. IF FEMALE: 1 <input type="checkbox"/> Not pregnant within last year 2 <input type="checkbox"/> Pregnant at time of death 3 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 4 <input type="checkbox"/> Unknown if pregnant within past year		33B. DATE OF DELIVERY: MONTH DAY YEAR							

# Surrogate's Court of the State of New York

## Nassau County

File#: 2019-1564

### Certificate of Appointment of Administrator

IT IS HEREBY CERTIFIED that Letters for the Estate of the Decedent named below have been granted by this Court, and such Letters are unrevoked, are valid and are in full force as of this date.

**Name of Decedent:** Vicki R.C. Simon  
aka Vicki Claireaux Simon

**Date of Death:** September 30, 2018

**Domicile:** Nassau County

**Fiduciary Appointed:** Claude Simon  
71 Tonjes Road  
Calicoon NY 12723

**Letters Issued:** LETTERS OF ADMINISTRATION

**Letters Issued On:** August 12, 2019

**Limitations:** The above named Administrator is hereby restrained from selling, mortgaging, leasing or otherwise encumbering REAL PROPERTY of the decedent other than 6 Edwards Lane, Glen Cove, New York 11542 without first applying to this Court for fixation and filing of adequate bond, and is further restrained from collecting any personal assets in excess of \$800,000.00 without first applying to this Court for fixation of amount of bond.

and such Letters are unrevoked and in full force as of this date.

**Dated:** August 12, 2019  
Mineola, New York

IN TESTIMONY WHEREOF, the seal of the Nassau County Surrogate's Court has been affixed.

WITNESS, Honorable Margaret C. Reilly, Judge of the Nassau County Surrogate's Court.



Debra Keller Leimbach, Chief Clerk  
Nassau County Surrogate's Court

*This Certificate is Not Valid Without the Raised Seal of the Nassau County Surrogate's Court and expires 6 months from the issue date of this certificate, unless otherwise stated above.*

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
<b>VICKI CLAIREAUX SIMON ESTATE CLAUDE A SIMON ADM</b>	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____  <input type="checkbox"/> Other (see instructions) ► _____	
Address (number, street, and apt. or suite no.) <b>534 WEST 42ND ST APT 8</b> City, state, and ZIP code <b>NEW YORK, NY 10036</b> List account number(s) here (optional)	
Requester's name and address (optional)	

## **Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number		
_____	- _____	- _____

Employer identification number									
8	4	-	6	6	5	6	6	4	9

## **Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

Signature of  
U.S. person ►



Date ►

*10-11-19*

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

## **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### **Specific Instructions**

#### **Name**

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

#### **Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The actual owner <sup>1</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The owner <sup>3</sup>
	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.