



Transamerica Occidental Life Insurance Company
Box 2101 Terminal Annex, Los Angeles, California 90051

PROOFS OF DEATH

Life Insurance Claim

(Please read instructions on reverse side)

CLAIMANT'S STATEMENT

Foundation For Economic Education, Inc.

- 1. Policy Number(s) 1444483 Who has the policy or policies?
2. (a) Deceased's name in full Leonard E. Read
(b) Residence address Hillside, Irvington New York 10533
(c) Occupation at death President, Foundation For Economic Education Date last worked May 13, 1983
3. (a) Date of BIRTH of deceased Sept. 26, 1898 Place of birth Lebanon TWP., Michigan
(b) Is there a governmental, church or state record of this birth? yes If so, which? State
4. (a) When did deceased first complain of or give other indications of last illness? November, 1981
(b) When did deceased first consult a physician for last illness? November, 1981
5. Names of all physicians or practitioners who attended or prescribed for deceased within five years preceding death:
6. (a) DATE OF DEATH May 14, 1983 Place of Death Hillside, Irvington, New York 10533
(b) Cause of death heart attack
7. Other life, health and accident insurance on the life of deceased:
8. CLAIMANT'S date of birth March, 1946 CLAIMANT'S Social Security No. or Social Insurance No. 13-6006960
9. Remarks

The undersigned hereby makes claim to said insurance and agrees that the written statements and affidavits of all physicians who attended or treated the deceased, and all other records of any kind called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms supplemental thereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life of the deceased in said Company, nor a waiver of any of its rights or defenses.

Dated at IRVINGTON, NEW YORK this 31st day of August, 1983

Witness (See Instruction 7) Signature: Jonette Brown

Signature: Robert H. Anderson, Exec. Secretary Claimant

Address 30 South Broadway, Irvington, N.Y. Irvington New York 10533

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