

APPLICATION TO TRANSFER PUBLISHER MEMBERSHIP OF A DECEASED OWNER



ASCAP

NOTE: *This form is for transferring a publisher membership – only. If the deceased owner was also an ASCAP writer member, do not use this form. Instead use the “Application for Successor Appointment for a Deceased Writer Member” (available on ascap.com or call the number below to request a copy).*

If additional space is needed to respond to any of the questions below, please attach a separate page and indicate to which question(s) the additional information relates. If you should have any questions, please call ASCAP’s Estates and Claims Department at (212) 621-6280 or send a fax to (212) 621-6481.

Please submit this completed form to:
The Estates and Claims Department
ASCAP
One Lincoln Plaza, 6th Floor
New York, New York 10023

- 1) NAME OF DECEASED OWNER: _____
- 2) NAME OF PUBLISHER MEMBER: _____
- 3) ASCAP MEMBER CODE (IF KNOWN): _____
- 4) WHAT TYPE OF BUSINESS ORGANIZATION IS THE PUBLISHER MEMBER?
 Sole Proprietorship Partnership Corporation Unknown
 Other (please describe) _____
- 5) WHAT IS THE CURRENT TAX IDENTIFICATION NUMBER FOR THE BUSINESS (if known)?
Employer Identification # _____ or Social Security # _____ Unknown _____

NOTE: In order to complete the transfer of a publisher membership of a deceased owner and ensure that the deceased owner’s directions, if any, are followed, we typically require the following additional information about the deceased owner, particularly for sole proprietorships, partnerships, and “closely held” corporations. If you do not believe that this additional information is needed to complete the transfer, please explain on the last page in the space provided or on a separate page.

- 6a) THE DATE OF OWNER’S DEATH: _____ 6b) AGE: _____
- 7) OWNER’S LAST RESIDENCE: _____
- 8) DID THE OWNER LEAVE A SURVIVING SPOUSE? YES / NO *(Please circle one)*

If YES, please provide the name, address and telephone number of the spouse:

NAME: _____ ADDRESS: _____

TELEPHONE: _____



9) DID THE OWNER LEAVE ANY CHILDREN SURVIVING? YES / NO (Please circle one)

If YES, please provide the names, addresses and telephone numbers of children (if any are under 21, state their ages):

NAME: _____ ADDRESS: _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____

10) DID THE OWNER LEAVE ANY PARENTS SURVIVING? YES / NO (Please circle one)

If YES, please provide the names, addresses and telephone numbers of parents:

NAME: _____ ADDRESS: _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____

11) DID ANY OF THE OWNER'S CHILDREN DIE BEFORE HIM OR HER? YES / NO (Please circle one)

(a) If YES, please provide the names and last addresses of each deceased child and date of death:

NAME: _____ ADDRESS: _____

DATE OF DEATH: _____

NAME: _____ ADDRESS: _____

DATE OF DEATH: _____

NAME: _____ ADDRESS: _____

DATE OF DEATH: _____

(b) For each such deceased child listed directly above, please provide the names, addresses and telephone number of that deceased child's children (i.e. the owner's grandchildren by that deceased child):

NAME: _____ ADDRESS: _____

child of _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

child of _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

child of _____

TELEPHONE: _____



12) IF THE OWNER LEFT NO SPOUSE, CHILDREN, GRANCHILDREN OR PARENTS SURVIVING HIM OR HER, WHO WERE HIS OR HER NEXT OF KIN?

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE: _____

13) DID THE OWNER LEAVE A WILL? YES / NO (Please circle one)

(a) If YES, has the Will been offered for probate? YES / NO (Please circle one)

(b) If it has been probated, please provide when and in what court the Will was probated:

(c) PLEASE ATTACH A CERTIFIED COPY OF THE WILL.

(d) If it has not been probated, please explain why: _____

(e) Was there a Will contest? YES / NO (Please circle one)

(f) If YES, what was the result of the contest?

14) DID THE OWNER LEAVE A TRUST? YES / NO (Please circle one)

(a) If YES, please provide the name(s), address(es) and telephone number(s) of the trustees:

NAME: _____ ADDRESS: _____

TELEPHONE: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____

(b) PLEASE ATTACH A CERTIFIED COPY OF THE TRUST.

15) WERE OWNER TESTAMENTARY ISSUED? YES / NO (Please circle one)

(a) If YES, please provide the name, address and telephone number of the person who currently holds such Letters and indicate the date of issuance:

NAME: _____ ADDRESS: _____

DATE ISSUED: _____

TELEPHONE: _____

(b) Please state the amount of the executor's bond: _____

(c) PLEASE ATTACH A CERTIFIED COPY OF THE LETTERS TESTAMENTARY.



16) IF THE OWNER DID NOT LEAVE A WILL, WERE LETTERS OF ADMINISTRATION ISSUED? YES / NO (Please circle one)

(a) IF YES, please provide the name, address and telephone number of the person who *currently* holds such Letters and indicate the date of issuance:

NAME: _____ ADDRESS: _____

DATE ISSUED: _____

TELEPHONE: _____

(b) IF YES, PLEASE ATTACH A CERTIFIED COPY OF THE LETTERS OF ADMINISTRATION.

17) Please use this space to provide any additional information that you believe would assist ASCAP in designating a new owner of the publisher membership. Please feel free to attach additional pages if the space provided is not adequate.

(Please print name of person submitting this application)

(Signature of person submitting this application)

Please state the relationship to the deceased owner of the person submitting application: _____

Telephone Number: _____ Facsimile Number: _____

E-mail address: _____

Address: _____

State of)	
		ss:
County of)	
On this _____ day of _____, _____ (year), before me personally		
came _____, to me known and known to me to be the individual described in and who executed		
the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.		
		_____ Notary Public

ACKNOWLEDGEMENT & STATUS OF APPLICATION TO TRANSFER PUBLISHER MEMBERSHIP OF A DECEASED OWNER



Upon submission of the attached application, ASCAP's Estates and Claims Department will send you this acknowledgement and let you know the status of your application.


We acknowledge receipt of your application to transfer the publisher membership of _____
(Name of Publisher)
on behalf of the deceased owner _____
(Name of Owner)

- (A) We do not need anything further.
- (B) We need the following further information to process your application:
 - 1) Certified copy of the Will
 - 2) Certified copy of the Trust(s)
 - 3) Certified copy of the Letters Testamentary
 - 4) Certified copy of the Letters of Administration
 - 5) Other _____

- (C) To process your application, we will send you further documents under separate cover.

If we have not requested any further information in paragraph (B) above, or indicated that we are sending you further documents under separate cover in paragraph (C) above, we will process your application and send the appropriate membership and related documents. The approval to transfer the publisher membership will be presented to ASCAP's Board of Directors for confirmation at its next regularly scheduled meeting. Thank you for your patience and cooperation. Please be assured that we will endeavor to expedite your application.

It would help us in processing your application if you would kindly fill out your name and return address with your zip code below.


ASCAP
Estates and Claims Department
ASCAP
One Lincoln Plaza, 6th Floor
New York, NY 10023

To: _____

