

Application for Posthumous Election to Membership and Appointment of a Successor for a Deceased Writer



A S C A P

Applicants for membership as the successor of a deceased writer, who was not an ASCAP member originally, need to submit two applications: this one and one for regular ASCAP membership based on the deceased writer's works. Both applications must be filed in order to complete your request. If you do not have the application for an ASCAP writer membership, please feel free to contact ASCAP's Member Services Department directly at (800) 95-ASCAP to obtain the writer membership application form.

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 writer: _____

2) The date of death: _____ 3) Age: _____

4) Last residence: _____

5) Did the writer leave a husband or wife surviving? YES / NO (Please circle one)

If yes, please provide the name, address and telephone number of husband or wife:

Name: _____ Address: _____

Telephone: _____

6) Did the writer leave any children surviving? YES / NO (Please circle one)

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

Name: _____ Address: _____

Telephone: _____

Name: _____ Address: _____

Telephone: _____

Name: _____ Address: _____

Telephone: _____

Name: _____ Address: _____

Telephone: _____



7) **Did the writer 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: _____

8) **Did the writer 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?

9) **Did the writer 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.

10) **Were Letters 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.



11) **If the writer did not leave a Will, were Letters of Administration granted? 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.

12) **Did the writer own an ASCAP publishing company? YES / NO (Please circle one)**

(a) If yes, please state the publishing company name: _____

13) **Have any of the deceased writer's copyrights been renewed? YES / NO (Please circle one)**

(a) If yes, please state the date of renewal and the name of the person obtaining such renewal as well as the relationship of such person(s) to the deceased writer and their names, address(es) and telephone number:

Renewal Date: _____ Name of Person Renewing: _____

Works Renewed: _____ Relationship to Deceased Writer: _____

_____ Address: _____

_____ Telephone: _____



Please provide any additional information that you believe would assist ASCAP in designating a successor to the deceased writer. 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 writer of the person submitting application: _____

E-mail address: _____

Telephone Number: _____ Facsimile Number: _____

Address: _____

State of)
County of) ss:

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 for Posthumous Election to Membership and Appointment of a Successor for a Deceased Writer Member

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 for posthumous election to membership and for appointment of a successor for the deceased writer

(Name of writer)

- (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. The application for posthumous election to membership of the deceased writer-member and appointment of a successor 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 assist us in processing your application if you would kindly fill out your name and return address with your zip code below.



Estates and Claims Department
ASCAP
One Lincoln Plaza, 6th Floor
New York, N.Y. 10023



To: _____

