# RECORD OF PERSONAL EFFECTS OF BELIEVED TO BE (BTB) DECEASED

| 1. DATE *(YYYYMMDD)* | 2. PAGE _____ OF _____ PAGES |
|---|---|
| | |

**3. BTB DECEDENT**

| a. NAME *(Last, First, Middle Initial) (or Unidentified)* | b. GRADE | c. SSN/DoD ID NO. | d. ORGANIZATION |
|---|---|---|---|
| | | | |

| 4. PLACE OF RECOVERY *(Include grid coordinates)* | 5. DATE OF RECOVERY *(YYYYMMDD)* | 6. EVACUATION NUMBERS a. #1 | b. #2 |
|---|---|---|---|
| | | | |

**7. INVENTORY OF PERSONAL EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
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**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS**

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
|---|---|---|---|---|
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**9. EFFECTS INVENTORIED ABOVE REPRESENT** *(X as appropriate)*

☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

**10. EFFECTS INVENTORY CONTINUED ON BACK OF FORM** *(X one)* ☐ YES ☐ NO

**11. PREPARING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
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**12. VERIFIED BY**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
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**13. RECEIVING OFFICIAL**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
|---|---|
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**7. INVENTORY OF PERSONAL EFFECTS** *(Continued)*

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
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**8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS** *(Continued)*

| a. QUANTITY | b. DESCRIPTION | c. RECEIVED | d. CONDITION | e. DISPOSITION |
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**13. RECEIVING OFFICIAL** *(If inventory continued)*

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. ORGANIZATION |
|---|---|---|
| | | |

| d. SIGNATURE | e. DATE SIGNED *(YYYYMMDD)* |
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**14. PERSON ELIGIBLE TO RECEIVE EFFECTS (PERE)**

I understand that the delivery of the personal effects to me does not in itself vest title for the property of effects in me. Further, I accept these effects contingent upon possible disposition to others in accordance with applicable state laws.

| a. NAME *(Last, First, Middle Initial)* | b. WERE PERSONAL EFFECTS INVENTORIED BEFORE RECEIPT? *(X one)* ☐ YES ☐ NO |
|---|---|

| c. SIGNATURE | d. DATE SIGNED *(YYYYMMDD)* |
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