

DECEASED ESTATES GENERAL CLAIM FORM

Claimant Declaration

(Probate Code 7663 Claims – No Known Heirs)

NAME AND ADDRESS OF CLAIMANT

Name

Address

Street Address

City

State

Zip Code

Telephone ()

Social Security #

Email

DECEASED ESTATE BEING CLAIMED

Amount of Claim

Decedent's Name

What is your relationship to the decedent?

DECLARATION OF CLAIMANT NAMED IN COURT ORDER

I declare under penalty of perjury that the information contained in this claim is true and correct.

I further declare that the documents I have submitted are either originals or true copies of the originals and that said documents establish with documentary proof the existence of a BLOOD RELATIONSHIP to either the decedent or the decedent's predeceased spouse.

Signature of Claimant

Dated

Print Name

NOTARY ACKNOWLEDGEMENT

State of California)

) SS.

County of San Bernardino)

On _____, before me, _____ a

Notary Public personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

(Seal)