BW–County Probated Estates of Deceased Persons

CLAIM VERIFICATION FORM (must be completed prior to claim submission)

Received Stamp: (Office use only)

Type of Claim

[ ] Named heir (Check if you are the individual the court named as an heir to the estate)
[ ] Sole heir via succession (Check if you are the ***sole*** heir to the individual named by the court as an heir to the estate)
[ ] Heir via succession with other parties (Check if you are ***one of multiple*** heirs to the individual named by the court as an heir)
[ ] Court Petitioner/Administrator
[ ] Trustee/Beneficiary
[ ] Executor or POA

Section A–Claimant Information

First Name	Middle Name	Last Name

Email Address	Phone Number

Street Address	City	State

Zip Code	Notification Delivery Preference [ ] Paper, via first class mail when available [ ] Electronic, via email or phone when available

Section B–Entitlement Information

Relation to decedent	Effective date of relationship (for non-biological)

Have you been or were you ever legally removed from an estate document, causing a revocation of your heir/beneficiary status?

[ ] Yes
[ ] No

If yes, list date _____

List spouses, domestic partners, parents, & siblings of decedent

_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased
_____ [ ] Living [ ] Deceased

(If additional space is needed, attach an addendum to this form)

List ***your*** siblings, children, ***& any other individual who you believe may have a claim of entitlement to this estate***

_____ [ ] Living [ ] Deceased If deceased, date _____
_____ [ ] Living [ ] Deceased If deceased, date _____
_____ [ ] Living [ ] Deceased If deceased, date _____
_____ [ ] Living [ ] Deceased If deceased, date _____
_____ [ ] Living [ ] Deceased If deceased, date _____
_____ [ ] Living [ ] Deceased If deceased, date _____
_____ [ ] Living [ ] Deceased If deceased, date _____

(If additional space is needed, attach an addendum to this form)

Section C–Creditor Information

To the best of your knowledge, are there currently or have there ever been creditor claims against the estate to which you are claiming entitlement? [ ] Yes [ ] No If yes, what is the total value of the debt? _____

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[ ] Trustee/Beneficiary
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Section D–Identity Verification

Under the California Code of Civil Procedure, Title 10, Part 3, Chapter 7 (Sections 1500–1582), Barber Weisbruch must collect specific documentation to verify the identity of claimants of estates of deceased persons. You must select either one form from "Column A" *or* two forms from "Column B". Attach the form(s) to this document upon submission. *(Do not submit documents from both columns)*

Column A (one type from this list, or;)

[ ] State-issued driver's license
[ ] State-issued photo identification card

Column B (two types from this list)

[ ] Work/school photo identification card
[ ] Permanent resident card
[ ] Medical/insurance card
[ ] Utility bill or statement
[ ] Bank statement
[ ] IRS Form W-2

Section E–Warrants & Attestations

Section E–**Warrants & Attestations** If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (CCP Section 1530(e)).

The undersigned, declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, this form contain a full, true, and complete report of the required fields. Further, the Undersigned declares entitlement to the located estate under the provisions of Part 3, Title 10, Chapter 7, Code of Civil Procedure, commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq. **The Undersigned also confirms that in the event they are not solely entitled to the estate, they have listed all applicable persons in Section B or have attached their information to this form, and subsequently agree to notify them of this proceeding upon submission of this form.**

Printed Name	Date	Signature

For electronic submissions of this form, email the completed form and attachments to your agent directly, or to contact@barberweisbruch.com.

For paper submissions, mail completed form and attachments via First Class U.S. mail to:
PO Box 3652
San Diego, CA 92163