

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO Oasis St., Indio, CA 92201
RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR036

<p style="font-size: small; margin: 0;">ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</p> <p style="margin: 0;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p style="margin: 0;">E-MAIL ADDRESS (Optional): _____</p> <p style="margin: 0;">ATTORNEY FOR (Name): _____</p>	<p style="font-size: small; margin: 0;">FOR COURT USE ONLY</p> <p style="margin: 0;">CASE NUMBER: _____</p>	
<p style="margin: 0;">IN THE MATTER OF:</p>		
<p style="margin: 0;">Hearing Date: _____</p>	<p style="margin: 0;">Time: _____</p>	<p style="margin: 0;">Department: _____</p>

**NOTICE TO DEPARTMENT OF HEALTH CARE SERVICES
Probate Code §§ 215, 9202(a), 19202**

1. You are hereby given notice of the death of the following person:
 - a. Decedent's Name: _____
 - b. Date of Death: _____
 - c. Social Security Number: _____

2. A copy of the decedent's Death Certificate is attached.

3. The decedent received or may have received health care under Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, or had a predeceased spouse or registered domestic partner who received or may have received health care.

4.
 - a. The decedent did not have a predeceased spouse or registered domestic partner (or)
 - b. The decedent did have a predeceased spouse or registered domestic partner, a copy of whose death certificate is attached.

5. The party providing you with this notice is as follows:
 - a. Name: _____
 - b. Address: _____
 - c. Telephone: _____
 - d. Capacity: Estate Attorney Beneficiary/Heir Personal Representative
 Person in Possession of Property of the Decedent Trustee

6. This notice is being provided by a general personal representative, trustee, or the attorney who represents a general personal representative or trustee. If you have a claim against the above-mentioned estate or trust please forward documentation to the address indicated in item 5 above within the period provided in Probate Code 9202(a) or 19202(b).

Date: _____ _____ (PARTY PROVIDING NOTICE)

IN THE MATTER OF:	CASE NUMBER:
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PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and am not a party in this cause. I am a resident of or employed in the county where the mailing occurred.

2. My (the servers) home or business address is: _____
(STREET ADDRESS)

(CITY, STATE, ZIP)

3. I served the forgoing NOTICE TO DEPARTMENT OF HEALTH CARE SERVICES by enclosing a copy in an envelope addressed to:

Department of Health Care Services
 Estate Recovery Unit
 P.O. Box 997425, MS 7425
 Sacramento, CA 95899-7425

and depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.

4. Date mailed: _____, Place mailed (city, state): _____

Date: _____
(SIGNATURE OF DECLARANT)