

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis Street, Indio, CA. 92201

H9A971 41002 County Center Dr., Ste. 100, Temecula, CA 92591

RIVERSIDE 4050 Main Street, Riverside, CA. 92501

RI-PR039

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</small>	<small>FOR COURT USE ONLY</small>
<p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	
<p>IN THE MATTER OF:</p> 	<p>CASE NUMBER: _____</p>

NOTICE TO VICTIM COMPENSATION & GOVERNMENT CLAIMS BOARD
Probate Code §§ 216, 9202(b) (Confidential)

1. You are hereby given notice of the death of the following person:
 - a. Decedent's Name: _____
 - b. Date of Death: _____
2. A copy of the decedent's Death Certificate is attached.
3. The following heirs or beneficiaries of the decedent's estate are/were confined in a facility identified in Probate Code § 216 or § 9202 (b):

NAME	LOCATION OF INCARCERATION OR CURRENT ADDRESS IF NO LONGER INCARCERATED	DATE OF BIRTH	CDCR or BOOKING NUMBER

4. 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 of property of the Decedent, Trustee
5. This notice is being provided by a personal representative, trustee, or the attorney who represents a 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 4 above within the period provided by law.

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 VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD by enclosing a copy in an envelope addressed to:

Victim Compensation and Government Claims Board
 Revenue Recovery and Accounting Division
 P.O. Box 1348
 Sacramento, California 95812-1348

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

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

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____
(SIGNATURE OF DECLARANT)