



OFFICE OF THE TREASURER-TAX COLLECTOR
SHARI L. FREIDENRICH, C.P.A.



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DECEASED ESTATES CLAIM FORM (Probate Code 7663)

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 # _____

DECEASED ESTATE BEING CLAIMED

Amount of Claim _____

Decedent's Name _____

What is your relationship to the decedent? _____

DECLARATION OF CLAIMANT

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 _____

NOTARY ACKNOWLEDGEMENT

State of _____ }ss.

County of _____ }

On _____, before me _____ Notary Public,

Personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed this document.

Witness my hand and official seal.

(Seal)