



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



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DECEASED ESTATES CLAIM FORM

Claimant Declaration - Corporation

NAME AND ADDRESS OF CLAIMANT

Name
Address (Street Address, City, State, Zip Code)
Telephone () Tax ID # (Attach W-9)

DECEASED ESTATE BEING CLAIMED

Amount of Claim Date of Court Order
Decedent's Name
Court Ordered Creditor Name
Court Ordered Claim Amount

DECLARATION OF CLAIMANT

We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this day of, 20 and have provided my TIN above.

Signature and Title (Chairman of Board, President, VP)* Dated

Signature and Title (Secretary, Assistant Secretary, Chief Financial Officer, Assistant Treasurer)* Dated

*California Corporations Code Section 313 provides that signatures from individual(s) from EACH of the above categories are required in order to bind the corporation.

NOTARY ACKNOWLEDGEMENT

"A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document." (Civil Code §1189)

State of } ss.

County of }

On, before me, 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 PURJURY that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature

(Seal)