

**CLAIM TO DECEDENT'S ESTATE
IN CITY AND COUNTY OF SAN FRANCISCO'S TREASURY
(Adult)
(Prob. Code, § 7663; Gov. Code, § 50052.5)**

I, _____, declare as follows:
(print or type name)

1. I am an adult blood relative of the decedent, _____

_____ [print name] or the decedent's predeceased spouse,
_____ [print name]
_____, as follows:

(Describe in detail your relationship to the decedent or his or her predeceased spouse:)

Attached are copies of all documents needed to show my relationship to the decedent.
(Note – copies need not be certified.)

I 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____, at _____, _____.

Signature

CONTACT INFORMATION	
Name:	
Address:	
Phone: ()	Email:
If claim is being filled out by someone other than the heir, please list additional contact information below.	
Name:	
Address:	
Phone: ()	Email: