

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

PALM SPRINGS 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262
 HA971 1500 N. California Ave., Suite 100, Palm Springs, CA 92262

F9FG-89 1500 N. California Ave., Suite 100, Palm Springs, CA 92262

RI-PR039

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
IN THE MATTER OF: _____	

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:
-------------------	--------------

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)