

4. Provide the information for the person(s) handling the estate:

Personal Representative

Name: Telephone Number:
Address 1: Email Address:
Address 2:
City: State: Zip:

Attorney

Name: Telephone Number:
Address 1: Email Address:
Address 2:
City: State: Zip:

Number of heirs to the estate:

List the name(s) and address(s) of heirs on a separate sheet.

5. Provide the information of the person completing this form:

Name: Telephone Number:
Address 1: Email Address:
Address 2:
City: State: Zip:

Signature: Date:

PRIVACY STATEMENT

The Information Practices Act of 1977 (California Civil Code, section 1798.1, et. seq.) and the Federal Privacy Act of 1974 (Title 5, United States Code, section 552a, et. seq.) require that this notice be provided when collecting personal information from individuals.

The California Department of Health Care Services' (Department) Third Party Liability and Recovery Division's Estate Recovery Section seeks the information requested on the Estate Recovery Questionnaire (ERQ) pursuant to Welfare and Institutions Code section 14009.5, and Title 22, California Code of Regulations, section 50960, et. seq. The person responsible for the system of records for information obtained from the ERQ is the Chief of the Third Party Liability and Recovery Division, MS 4718, P.O. Box 997425, Sacramento, CA, 95899-7425.

Notice of death must be provided pursuant to California law (Probate Code sections 215, 9202, and 19202). Failure to provide the information requested may result in delays in resolving the estate, interest, and/or legal fees. The primary purpose for which the information will be used is to determine whether Estate Recovery (ER) applies and to identify potential exceptions to ER.

The Department does not have any known or foreseeable disclosures that may be made of the information. The applicant has a right of access to records containing personal information maintained by the Department.