PLEASE COMPLETE AND RETURN THIS FORM TO:

Department of Health Care Services
Estate Recovery, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

Please fax to: (916) 440-5650

DECEDENT'S NAME: _____

DHCS ACCOUNT NUMBER: _____

PLEASE PROVIDE THE REQUESTED INFORMATION FOR ALL HEIRS TO THIS ESTATE

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBERS: _____
RELATIONSHIP TO DECEDENT: _____ SHARE OF ESTATE: _____%

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBERS: _____
RELATIONSHIP TO DECEDENT: _____ SHARE OF ESTATE: _____%

NAME: _____
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RELATIONSHIP TO DECEDENT: _____ SHARE OF ESTATE: _____%

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RELATIONSHIP TO DECEDENT: _____ SHARE OF ESTATE: _____%

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBERS: _____
RELATIONSHIP TO DECEDENT: _____ SHARE OF ESTATE: _____%

(Attach additional sheets if more space is needed)

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 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 is the Chief of the Third Party Liability and Recovery Division, MS 4718, P.O. Box 997425, Sacramento, CA, 95899-7425.

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.