

State of California—Health and Human Services Agency Department of Health Care Services



MEDI-CAL ESTATE RECOVERY QUESTIONNAIRE

Notice of death must be provided to the Department of Health Care Services pursuant to California law (Probate Code Sections 215, 9202, and 19202).

Please complete this form and mail it to the address below:

Department of Health Care Services Third Party Liability and Recovery Division Recovery Branch, MS 4720 PO Box 997425 Sacramento, CA 95899-7425

Please complete this questionnaire to the best of your knowledge. **Include a copy of the decedent's death certificate.** We will contact you if we have any additional questions.

Decedent's Name:	Social Security Number:
Date of Birth:	Date of Death:

1. Will the estate be probated?

Yes No If yes, enter the probate number:

County of filing: Total estimated value of probated assets:

If applicable, provide a copy of the Letters of Administration and Inventory and Appraisal.

2. Check any of the following that apply:

Decedent's spouse or registered domestic partner is still living.

Decedent is survived by a child under the age of 21, as of the date of death.

Decedent is survived by a child of any age who is blind or disabled.

3. Is there property that is on or near a federally recognized reservation, Pueblo, or Colony?

Yes No

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

Dereand Depresentative

<u>reisonal Representative</u>			
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.