DECLARATION PURSUANT TO
SECTION 27491.3 GOVERNMENT CODE

COUNTY OF LOS ANGELES   DEPARTMENT OF MEDICAL EXAMINER-CORONER

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(To be executed by each person entitled to the personal Property, or any part thereof, of the decedent, under the provisions of Section 27491.3 of the California Government Code)

No.

The undersigned, _____ (name of declarant), declares as follows:

1. I am the successor in interest of decedent, _____ (name of decedent), who died in Los Angeles County, California, on _____ , 20 _____

2. No proceeding is now being or has been conducted in California for Administration of the decedent's estate.

3. The gross value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred and fifty thousand dollars (150,000).

4. The following constitutes a portion of the property in the decedent's estate: See attached property inventory Slip Number _____

5. Decedent died without a will and, under Section 6402 of the California Probate Code, I am decedent's sole heir at law and the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property. (Modify appropriately if (i) the declarant is decedent's testate beneficiary of the described property or (ii) decedent died without a will, left more than one intestate heir, but declarant has the superior right under Probate Code Section 6402 to inherit the described property).

6. No other person has a right to decedent's interest in the described property.

7. Pursuant to the facts set forth above and Section 13100 et seq. of the California Probate Code, I request that the described property attached be paid (or "transferred" or "delivered" as appropriate) to the declarant.

8. Wherefore, declarant hereby requests the Department of Medical Examiner-Coroner of Los Angeles County to pay and deliver to declarant said money and/or personal property as described, and, in consideration of the payment of the money and/or delivery of the personal property described within the declaration, receipt of which is hereby acknowledged, the undersigned hereby jointly and severally agree to hold said Department of Medical Examiner-Coroner harmless against all liability, loss, cost, damage or expense, to which he may be put or which he may incur by reason of the payment and/or delivery of said money and/or property.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ , 20 _____ Telephone # _____

/s/ _____

(Signature of declarant)   (Relationship)   (Email)

_____

(Address)

[Note: If more than one declarant is entitled to succeed to the described property all should join in executing the declaration, and the allegations should be modified to reflect the plural]

(Rev. 10/16)   **(SEE REVERSE SIDE FOR NOTARY SECTION)**

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DECLARANT REQUESTS AND DIRECTS THE DEPARTMENT OF MEDICAL EXAMINER-CORONER OF THE COUNTY OF LOS ANGELES TO RELEASE ALL PERSONAL EFFECTS AND MONIES FOUND ON DECEASED TO:

Print Name : _____

Address: _____

Who is hereby designated and authorized to receive the same on their behalf and to receipt in his/her own name therefore, and the undersigned hereby jointly and severally agree to hold said Department of Medical Examiner-Coroner harmless against all liability, loss, cost, damage or expense to which he may be put or which he may incur by reason of the payment and/or delivery of said money and/or personal property.

Declarant sign here: _____

THIS PORTION OF THE FORM MUST BE COMPLETED, SIGNED AND NOTARIZED BY DECLARANT IF NOT APPERING IN PERSON.

STATE OF _____, COUNTY OF _____

(name) _____ personally appeared before me and acknowledge having executed the declaration, and (either "is known to me to be that person" OR "was proved by satisfactory evidence to be that person").

Acknowledge on _____, 20 _____

_____
(Signature of notary public)   (NOTARY SEAL)

(Rev. 10/16)