ATTORNEY OR PARTY WITHOUT AT	TORNEY (NAME, STATE BAR NUMBER	AND ADDRESS)	FOR COURT USE ONLY	
TELEPHONE NUMBER:		FAX NO. (Optional):		
EMAIL ADDRESS (Optional):				
ATTORNEY FOR AL				
ATTORNEY FOR (Name):				
SUBERIOR COURT OF	 California, county of	SAN LUIS ORISBO		
SOF ERIOR COOKT OF	SALII OKNIA, COONTT OI	SAN EUIS OBISFO		
OTDEET ADDRESS.	4005 Palas Otra et Paras 205			
STREET ADDRESS: MAILING ADDRESS:	1035 Palm Street, Room 385 Same as above			
CITY AND ZIP CODE:	San Luis Obispo, CA 93408			
BRANCH NAME:	San Luis Obispo Division			
ESTATE OF:		CA	ASE NUMBER:	
NOTICE TO	VICTIM COMPENS	ATION & COVERNME	NT CLAIME BOARD	
NOTICE TO		ATION & GOVERNME	NI CLAIMS BUARD	
	Probate	e Code § 9202 (b)		
1. You are hereby giv	en notice of the death of	the following person:		
1. Tod are flereby giv	en nouce of the death of	the following person.		
a. Decedent's N	ame.			
a. Decedents iv	amo		·	
b. Date of Death	:		_	
5. 24.0 0. 204			<del>-</del>	
c. Social Security Number:				
	,			
2. A copy of the dece	dent's death certificate is	attached.		
. ,				
3. At the time of the d	ecedent's death or during	administration of the dece	dent's estate, the following	
heirs or beneficiari	es of the decedent's estat	e were incarcerated in a fa	cility identified in Probate	
Code § 216 or § 92	202(b):			
Name	Location of	Date of Birth	CDCR or Booking Number	
	Incarceration			
1				

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Insert case name:		CASE NUMBER		
4.	The party providing you with this notice is as follows	<del> </del>		
	a. Name:			
	b. Address:			
	c. Telephone:	<del>.</del>		
	d. Capacity: ☐ Estate Attorney ☐ Personal Rep	resentative ☐ Beneficiary/ Heir ☐ Trustee		
	☐ Person in Possession of the Prope	erty of Decedent.		
5.	If you have a claim against the above mentioned decedent, estate or trust, please forward documentation to the address indicated in item 4 above.			
	Date:	(Circostorio of north providing motion)		
		(Signature of party providing notice)		

т ,		CACENTIMPED			
Insert case name:		CASE NUMBER			
PROOF OF SERVICE					
1.	I am over the age of 18 mailing occurred.	and am not a party to this case. I live or work in the county where the			
2.	My (the servers) home of	r business address is as follows:			
3.		OTICE TO VICTIM COMPENSATION AND GOVERNMENT CLAIMS copy in an envelope addressed to:			
	Revenue Recov P.O. Box 1348	ation and Government Claims Board ery and Accounting Division lifornia 95812-1348			
4.	Date mailed:	, Place mailed (city, state):			
	I declare under penalty above is true and correct	of perjury under the laws of the State of California that the information i.			

(Type or Print Name)

(Date signed)

(Signature)