



**CLAIMING INSTRUCTIONS FOR DECEASED ESTATES FUNDS HELD IN TRUST**

**Claimant Declaration**

**(Probate Code 7663 Claims)**

**NAME AND ADDRESS OF CLAIMANT**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address City State Zip Code

**Telephone:** ( ) \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **eMail:** \_\_\_\_\_

**DECEASED ESTATE BEING CLAIMED**

**Amount of Claim** \_\_\_\_\_

**Decedent's Name** \_\_\_\_\_

**What is your relationship to the decedent?** \_\_\_\_\_

**DECLARATION OF CLAIMANT**

I declare under penalty of perjury that the information contained in this claim is true and correct.

I further declare that the documents I have submitted are either originals or true copies of the originals and that said documents establish with documentary proof the existence of a BLOOD RELATIONSHIP to either the decedent or the decedent's predeceased spouse.

\_\_\_\_\_  
 Signature of Claimant

\_\_\_\_\_  
 Dated

**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_ } ss.

County of \_\_\_\_\_ }

On \_\_\_\_\_, before me \_\_\_\_\_ Notary Public,

Personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed this document.

Witness my hand and official seal.

\_\_\_\_\_  
 (Seal)