



OFFICE OF THE TREASURER-TAX COLLECTOR  
SHARI L. FREIDENRICH, C.P.A.



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**DECEASED ESTATES GENERAL CLAIM FORM**

**Claimant Declaration**

(Probate Code 11850)

**NAME AND ADDRESS OF CLAIMANT**

Name \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_  
Court Case # \_\_\_\_\_

Email \_\_\_\_\_

**DECEASED ESTATE BEING CLAIMED**

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

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

**DECLARATION OF CLAIMANT NAMED IN COURT ORDER**

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

I further declare that I am the individual named in the certified court order attached.

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

Dated \_\_\_\_\_

Print Name \_\_\_\_\_

**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)