



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)