

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO		
STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: Same as above CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME: San Luis Obispo Division		
ESTATE OF:		CASE NUMBER:
NOTICE TO VICTIM COMPENSATION & GOVERNMENT CLAIMS BOARD Probate Code § 9202 (b)		

1. You are hereby given notice of the death of the following person:
 - a. Decedent's Name: _____.
 - b. Date of Death: _____.
 - c. Social Security Number: _____.
2. A copy of the decedent's death certificate is attached.
3. At the time of the decedent's death or during administration of the decedent's estate, the following heirs or beneficiaries of the decedent's estate were incarcerated in a facility identified in Probate Code § 216 or § 9202(b):

Name	Location of Incarceration	Date of Birth	CDCR or Booking Number

Insert case name:	CASE NUMBER
-------------------	-------------

4. The party providing you with this notice is as follows:

- a. Name: _____.
- b. Address: _____.
- c. Telephone: _____.
- d. Capacity: Estate Attorney Personal Representative Beneficiary/ Heir Trustee
 Person in Possession of the Property 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: _____ (Signature of party providing notice)

