

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- INDIO** Oasis St., Indio, CA 92201
 RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR039

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
IN THE MATTER OF: _____	

NOTICE TO VICTIM COMPENSATION & GOVERNMENT CLAIMS BOARD

1. You are hereby given notice of the death of the following person:

- a. Decedent's Name: _____
 b. Date of Death: _____

2. A copy of the decedent's death certificate is attached.

3. At the time of the decedent's death or during the 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

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

- a. Name: _____
 b. Address: _____
 c. Telephone: _____
 d. Capacity: Estate Attorney, Beneficiary/Heir, Personal Representative, Person in possession of property of the Decedent, Trustee _____

5. This notice is being provided by a personal representative, trustee, or the attorney who represents a personal representative or trustee. If you have a claim against the above-mentioned estate or trust, please forward documentation to the address indicated in item 4 above within the period provided by law.

Date: _____ (PARTY PROVIDING NOTICE)

IN THE MATTER OF:	CASE NUMBER:
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PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and am not a party in this cause. I am a resident of or employed in the county where the mailing occurred.

2. My (the servers) home or business address is : _____
(STREET ADDRESS)

(CITY, STATE, ZIP)

3. I served the forgoing NOTICE TO VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD by enclosing a copy in an envelope addressed to:

Victim Compensation and Government Claims Board
 Revenue Recovery and Accounting Division
 P.O. Box 1348
 Sacramento, California 95812-1348

and depositing the sealed envelope with the United State Postal Service with the postage fully prepaid.

4. Date mailed: _____ , Place mailed (city,state): _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____
(SIGNATURE OF DECLARANT)