



State of California – Health and Human Services Agency
Department of Health Care Services



JENNIFER KENT
Director

EDMUND G. BROWN JR.
Governor

MEDI-CAL ESTATE RECOVERY QUESTIONNAIRE

Notice of death must be provided to the Department of Health Care Services pursuant to California law (Probate Code Section 215, 9202, and 19202).

Please complete this form and mail it to the address below:

Department of Health Care Services,
Third Party Liability and Recovery Division,
Recovery Branch, MS 4720
PO Box 997425, Sacramento, CA 95899-7425

Please complete this questionnaire to the best of your knowledge. **Include a copy of the decedent's death certificate.** We will contact you if we have any additional questions.

Deceased Beneficiary's Name:

Social Security Number:

Date of Birth:

Date of Death:

1. Provide the information for the attorney, person or trustee handling the estate:

Name:

Telephone Number:

Address:

Email Address:

Relationship:

Number of heirs to the estate:

List the name(s) and address(s) of heirs on a separate sheet.

2. Check any of the following that apply:

- ☐ Decedent's spouse or registered domestic partner is still living. If not, provide a copy of death certificate.
- ☐ Decedent is survived by a child under the age of 21, as of the date of death.
- ☐ Decedent is survived by a child of any age who is blind or disabled. Provide a current copy of the Social Security Award letter and a copy of the child's birth certificate.

3. Will the estate be probated?

☐ Yes ☐ No

If yes, enter the probate number:

County of filing:

4. Is there a trust? If yes, provide a copy of the trust.

☐ Yes ☐ No

5. Did the decedent own any of the following? Provide copies of all items marked below:

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Bank Account or Cash |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Stock or Bonds | <input type="checkbox"/> Auto or Boat | <input type="checkbox"/> Land |
| <input type="checkbox"/> Insurance Policies | <input type="checkbox"/> Jewelry | <input type="checkbox"/> No Assets | |

Other:

Total estimated value of assets:

6. Did you pay for funeral/burial expenses from your personal funds?

☐ Yes ☐ No If yes, provide receipts.

Print your name:

Telephone Number:

Signature:

Date:

PRIVACY STATEMENT

The Information Practices Act of 1977 (California Civil Code, section 1798.1, et. seq.) and the Federal Privacy Act of 1974 (Title 5, United States Code, section 552a, et. seq.) require that this notice be provided when collecting personal information from individuals.

The California Department of Health Care Services' (Department) Third Party Liability and Recovery Division's Estate Recovery Section seeks the information requested on the Estate Recovery Questionnaire (ERQ) pursuant to Welfare and Institutions Code section 14009.5, and Title 22, California Code of Regulations, section 50960, et. seq. The person responsible for the system of records for information obtained from the ERQ is the Chief of the Third Party Liability and Recovery Division, MS 4718, P.O. Box 997425, Sacramento, CA, 95899-7425.

Notice of death must be provided pursuant to California law (Probate Code sections 215, 9202, and 19202). Failure to provide the information requested may result in delays in resolving the estate, interest, and/or legal fees. The primary purpose for which the information will be used is to determine whether Estate Recovery (ER) applies and to identify potential exceptions to ER.

The Department does not have any known or foreseeable disclosures that may be made of the information. The applicant has a right of access to records containing personal information maintained by the Department.