



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
PUBLIC ADMINISTRATOR OPERATIONS**



320 W. TEMPLE STREET, 9TH FLOOR  
LOS ANGELES, CA 90012

**Phone:** (213) 974-0460; **Fax:** (213) 633-1944 **Email:** PAinfo@ttc.lacounty.gov

<b>DECEDENT REFERRAL FORM</b>	<i>PUBLIC ADMINISTRATOR USE ONLY</i>
	EA #: INTAKE CLERK INITIALS:

**PLEASE TYPE OR PRINT CLEARLY**

FIRST/MIDDLE NAME  LAST NAME  AKA(S)  <input type="checkbox"/> Male <input type="checkbox"/> Female	LAST ADDRESS ( <i>INCLUDE NAME OF FACILITY</i> )   ZIP CODE:  PHONE NO. EXT.	DATE OF DEATH   DATE REPORTED
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REPORTED TO PUBLIC ADMINISTRATOR BY (NAME/ADDRESS)   ZIP CODE  PHONE NO. EXT.	PLACE OF DEATH (NAME/ADDRESS)   ZIP CODE  PHONE NO. EXT.	BODY LOCATED AT (NAME/ADDRESS)   ZIP CODE  PHONE NO. EXT.
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BIRTHDATE	AGE	BIRTHPLACE	SOC.SEC.NO.	VETERAN NO.
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RACE	MARITAL STATUS	CAUSE OF DEATH	RELIGION	CITIZENSHIP
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<b>FUNERAL INFORMATION:</b>	
BURIAL INSTRUCTIONS FOUND <input type="checkbox"/> Y <input type="checkbox"/> N  FUNERAL ARRANGED BY   PHONE NO. EXT. SHIPPED BODY TO	DECEDENT HAS PRENEED/PREPAID <input type="checkbox"/> Y <input type="checkbox"/> N  MORTUARY/CEMETERY ADDRESS  PHONE NO. EXT.

DECEDENT NAME: \_\_\_\_\_

**WILL INFORMATION:** (check one)  None  Formal  Holographic

**IF YOU HAVE A COPY OF THE WILL (PLEASE ATTACH)**

EXECUTOR (NAME & ADDRESS)	ATTORNEY (NAME & ADDRESS)	LOCATION OF WILL
PHONE NO.	PHONE NO.	DATE OF WILL

**RELATIVES, NEXT-OF-KIN, FRIENDS and/or EMPLOYER**  
*(Please indicate relationship of each person)*

<i>Relationship</i>	<i>Name &amp; Address</i>	<i>Telephone No.</i>
SPOUSE		
IF PREDECEASED: D.O.D.	PLACE OF DEATH <i>(City &amp; State)</i>	
CHILDREN		
OTHER RELATIVES		
FRIENDS		
EMPLOYER		
OTHER		

**ASSETS & INVENTORY** NO ASSETS TO REPORT

Item	Type & Acct. No.	Located at	Estimated value
KEYS			
TRUST ACCT.			
BANK/CHECKING ACCT.			
JEWELRY			
CASH			
CREDIT CARDS			
SAFE DEPOSIT BOX KEY <input type="checkbox"/> Y <input type="checkbox"/> N		LOCATION OF KEYS:	
OTHER: Home			

**ADDITIONAL INFORMATION:**
