



County of Kern
 Public Administrator
 34970 McMurtrey Ave, 2nd FL.
 Post Office Box 2226
 Bakersfield, CA 93303
 661-392-6778; FAX: 661-392-6758
 www.kernsheriff.org

<u>INTERNAL USE ONLY</u>
DATE RECEIVED: _____
DEPUTY NAME: _____

REFERRAL INFORMATION

DATE:	REFERRING AGENCY:
CONTACT NAME & ADDRESS:	
PHONE:	E- MAIL:

BASIS FOR REFERRAL

<u>Pre-Death Referral</u>		<u>After Death Referral</u>	
<input type="checkbox"/> Medical/Critically Ill Hospital /admittance dates: _____	<input type="checkbox"/> No NOK	<input type="checkbox"/> NOK Unable/Unwilling Handle	<input type="checkbox"/> Potential Loss/Misappropriation of Estate Assets
<input type="checkbox"/> Facility No NOK Facility /admittance dates: _____			

PERSONAL INFORMATION

NAME:			
LAST KNOWN ADDRESS:			
DOB:	PLACE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:
MARITAL STATUS:	HUSBAND/WIFE:		
DOD:	PLACE OF DEATH:		

WILL / FINAL DISPOSTION

WILL:	<input type="checkbox"/> NO <input type="checkbox"/> YES	Location:
PRE-NEED:	<input type="checkbox"/> NO <input type="checkbox"/> YES	Location:
BODY LOCATION:		

PERSONAL INCOME

OCCUPATION/EMPLOYER:	
EMPLOYER ADDRESS:	
VETERAN STATUS:	<input type="checkbox"/> NO <input type="checkbox"/> YES Branch of service:
THIRD PARTY PAYEE:	<input type="checkbox"/> NO <input type="checkbox"/> YES Representative Payee:
SOCIAL SECURITY BENEFITS:	<input type="checkbox"/> NO <input type="checkbox"/> YES Amount \$
WELFARE BENEFITS:	<input type="checkbox"/> NO <input type="checkbox"/> YES Amount \$

NEXT OF KIN / HEIRS / POTENTIAL LEADS

NAME:
RELATIONSHIP:
ADDRESS:
PHONE / E-MAIL:
NAME:
RELATIONSHIP:
ADDRESS:
PHONE / E-MAIL:

ASSETS / REAL PROPERTY / PERSONAL PROPERTY

REAL PROPERTY ADDRESS:	
SECURED: <input type="checkbox"/> NO <input type="checkbox"/> YES	KEYS TO RESIDENCE: <input type="checkbox"/> NO <input type="checkbox"/> YES Location of keys:
OWNED <input type="checkbox"/> RENT <input type="checkbox"/> Mortgage / Rent Payment \$	Mortgage Company/Landlord:
VEHICLE(S): <input type="checkbox"/> NO <input type="checkbox"/> YES	Description: Location:
FINANCIAL ACCOUNT: <input type="checkbox"/> NO <input type="checkbox"/> YES	Account Number: Bank Name:
SAFE DEPOSIT BOX:	<input type="checkbox"/> NO <input type="checkbox"/> YES Location:
CASH IN EFFECTS:	<input type="checkbox"/> NO <input type="checkbox"/> YES Amount \$:
PERSONAL PROPERTY:	<input type="checkbox"/> NO <input type="checkbox"/> YES Location:

Comments:

