



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

Third Party Liability and Recovery Division
Recovery Branch, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
(916) 650-0590 Fax (916) 440-5650



EDMUND G. BROWN JR.
Governor

MEDI-CAL ESTATE RECOVERY QUESTIONNAIRE

ATTENTION: Person responsible for the estate of:
MARY J PARVIN
2 N AVENA AVE TIFFANY ANDERSON
LODI CA 95240-2808

Notice of death must be provided to the Department of Health Care Services pursuant to California law (Probate Code sections 215, 9202, and 19202). For fastest processing, complete this form online at dhcs.ca.gov/ER or return in the envelope provided.

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.

1. Provide the information for the attorney, person or trustee handling the estate:
Name: _____ Telephone No: _____
Address: _____
Email address: _____ Relationship _____
Number of heirs to the estate _____

2. Check any of the following that apply:
[] Decedent's spouse or domestic partner is still living.
[] 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

3. Is or will the estate be probated? Yes ___ No ___
If yes, enter the probate number _____ County of filing: _____
4. Is there a trust? Yes ___ No ___ If yes, will it be administered in court? Yes ___ No ___

5. Did the decedent own any of the following?
[] House [] Stocks/bonds [] Mobile Home [] Bank account/cash
[] Annuities [] Retirement accounts [] Auto/Boat [] Other _____
[] Land [] Insurance policies [] Jewelry [] No assets

*Total estimated value of assets: _____

Print Name: _____ Telephone No: _____
(Person completing this form)
Signature: _____ Date: _____

51 (Rev 01-14)

MARY J PARVIN
739D

SDX: 3913
RUN: 01/27/2015