County of Santa Clara
Office of the Medical Examiner-Coroner

850 Thornton Way
San Jose, CA 95128
Tel: (408) 793-1900
Fax: (408) 793-1934

MEDICAL EXAMINER - CORONER
COUNTY OF SANTA CLARA

REQUEST FOR RELEASE OF DECEDENT'S PERSONAL PROPERTY

I certify, pursuant to California Probate Code Section 330, that I am the decedent's surviving spouse, relative, conservator, or guardian of the estate. At the time I signed this form I did not know or have reason to know of any dispute over the right of possession of the property being released. I understand and acknowledge that although the property is being released to me pursuant to California Probate Code 330, the action does not determine ownership of the property or confer any greater rights in the property than I would otherwise have and does not preclude later proceedings for administration of the decedent's estate. If proceedings for administration of the decedent's estate are commenced, I agree to deliver the property to the personal representative on request by the personal representative. I also acknowledge that by accepting the property I am solely responsible for and liable to the estate for any loss or damage to the property caused by me. I acknowledge that it is a criminal offense to forge or knowingly file a false statement with a government agency under California State Penal Code Section 115 and 470.

I hereby authorize the Santa Clara County Medical Examiner-Coroner's Office to release the personal property of _____ to _____.

       (Decedent's Full Name)   (Name of Funeral Home/Mortuary)

MEC case #: _____

Name of person authorizing release: _____

Signature of person authorizing release: _____

Your address: _____

Date signed: _____ Your Tel #: _____

VERIFICATION OF IDENTITY

(TO BE FILLED OUT BY FUNERAL HOME/MORTUARY)

I certify that I have verified the identity of the above named person and that I have done so pursuant to California Probate Code Section 13104(d).

Verification Method: _____ (MUST attach copy of ID)

Person Verifying ID: _____ Organization: _____

Address: _____ Tel #: _____

Signature: _____ Date Signed: _____

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