

REFERRAL TO PUBLIC ADMINISTRATOR

Date: _____

Authority: The Public Administrator acts pursuant to California Probate Code 7600 et seq. and administers estates under the following circumstances: 1) where there is no family, 2) the family refuses to act, 3) referred by the Ventura County Medical Examiner, acute hospital, skilled nursing facility or other community referrals. The Public Administrator must act if the next of kin lives outside of the United States and is not the named executor in a will. The Public Administrator may administer the estate of a person who died with no will or without next of kin willing or able to act as administrator.

Residency Requirement: The person who died must be a resident of the County of Ventura. This means they must have intended to make Ventura County their permanent residence. If a person is transferred from a hospital to a Skilled or Temporary Nursing or Rehabilitation facility, this action does not qualify the person as a resident. The facility or referent should contact the transferring County to determine residency.

Personal Representative: A person may act on behalf of a deceased person according to the California Probate Code if the person who passed away had signed a Durable Power of Attorney which states on the document specific disposition instructions. A spouse, child (or 50% of multiple children), parent, sibling (or 50% of multiple siblings), other relatives or interested persons as outlined in the California Probate Code, or the Public Administrator.

Legal Authority to handle the **disposition of the remains** is established by Health and Safety Code Section 7100.

Step 1: Complete the Ventura County Public Administrator Referral Form. The referent must demonstrate due diligence by use of reasonable detail and thoroughness.

Step 2: The complete Referral Form must be electronically submitted by email to:
HSA-PubAdmin-Referrals@ventura.org.

Step 3: The referent must submit any documents in support of the referral. Such documents may include; Intake or admission forms, Inventory of personal items, contacts lists.

The referent must safeguard the personal property of the decedent and must submit the location of such personal property with the referral form. Personal property may include such items as: a wallet, purse, identification, keys, jewelry, other personal effects.

Step 4: The referent must be reasonably available for the follow up interviews and investigation.

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Decedent's Name: _____ Sex: _____ Date: _____

Home Address: _____

Location of House Keys: _____ Occupation: _____

Mailing Address: _____ Telephone: _____

County of Residence: _____ How Long? _____ Birth Place _____

DOB: _____ DOD: _____ Place of Death: _____

SS#: _____ Marital Status: _____ US Citizen if no, Country: _____

Race: _____ Veteran Yes No If Yes, Monthly Income: _____

Dates of Service: _____ Branch: _____ Disabled Veteran: Yes No

Any Papers from VA? Yes No DD214 Other: _____

History: Provide a brief history of events leading to referral:

Date Admitted to facility: _____

How did decedent arrive at facility? _____

Family Information:

Spouse: _____ Date of Death: _____ Birth Place: _____

Father: _____ Date of Death: _____ Birth Place: _____

Mother: _____ Date of Death: _____ Birth Place: _____

Sibling: _____ Address: _____

Telephone: _____

Sibling: _____ Address: _____

Telephone: _____ (List of Additional Family Information Below)

Other Relatives/Friends Information:

Name: _____ Address: _____

Telephone: _____ Relation: _____

Name: _____ Address: _____

Telephone: _____ Relation: _____

Funeral/Mortuary:

Current Location of Body: _____ Who Authorized Removal: _____

Will/Trust? Power of Attorney for Healthcare? (Send all Checked)

Other: _____

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Assets/Income:

Bank Account: _____ Account #: _____

Bank Account: _____ Account#: _____

Other sources of Income:

Medi-Cal Benefits Yes No Which County: _____

Social Security Yes No Amount: \$ _____ Other: _____ Amount: \$ _____

Other Assets:

Vehicle: Make: _____ Model: _____ Year: _____ Location: _____

Additional Vehicles or Assets/Property on Person:

Real Property:

Rent? Own? N/A

Address: _____

Landlord: _____

Other Information, Including contact Date:

Documents in Support of Referral are attached Yes No

Referral from Public Guardian: Yes No Name of Deputy: _____

Referring Agency/Facility: _____

Completed By: _____

Title: _____ Telephone: _____ Date: _____