

County of Santa Clara

Office of the Medical Examiner-Coroner

850 Thornton Way
San Jose, CA 95128
(408) 793-1900



REQUEST FOR RELEASE OF DECEDENTS 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 Section 330, this 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 governmental 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 **Best Cremation Care - #FD2200**
(Decedent's Full Name) *(Name of Funeral Home/Mortuary)*

MEC Case #: _____

Your Name (person authorizing release): _____

Your Address: _____ Your Phone #: _____

Your Signature: _____ Date Signed: _____

VERIFICATION OF IDENTITY

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: _____ (attach copy of ID card)

Person Verifying Identity: _____ Organization: _____

Address: _____ Phone: _____

Signature: _____ Date Signed: _____