

Please read and answer all questions before signing

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Was the decedent legally married at the time of death? Yes No
Does the decedent have any living adult children? Yes No
Does the decedent have any living minor children? Yes No
Does the decedent have any living parents? Yes No

Case No.
Case Name

Favor de leer y contestar todas las preguntas antes de firmar

El difunto ha sido casado legalmente? SI NO
El difunto tiene hijos menores de 18 anos vivientes? SI NO
El difunto tiene hijos menores de edad vivientes? SI NO
El difunto tiene padres vivientes? SI NO

HEALTH AND SAFETY CODE • § 7100 • CUSTODY AND DUTY OF INTERMENT

WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 115 and 470)

The right to control the disposition of the remains of a deceased person unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named: (1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code; (2) The competent surviving spouse; (3) The sole surviving competent adult child of the decedent or, if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children. (4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent. (5) The sole surviving competent adult sibling of the decedent or, if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings. (6) The surviving competent adult person or persons respectively in the next degrees of kinship; (7) A conservator of the person or estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets. (8) The public administrator when the deceased has sufficient assets.

Therefore, please release the body upon completion of your death investigation of said deceased to:

NAME OF MORTUARY
NAME OF NEXT-OF-KIN (PLEASE PRINT LEGIBLY) RELATIONSHIP NEXT-OF-KIN'S SIGNATURE
ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER DATE SIGNED

IF THE LEGAL NEXT-OF-KIN HANDLING, PLEASE ENTER NEXT-OF-KIN INFORMATION BELOW AND EXPLAIN WHY THEY ARE HANDLING. ATTACH SUPPORTING AUTHORIZATION DOCUMENTS, E.G. WILLS, POWER OF ATTORNEY, FAXES, ETC.

NAME RELATIONSHIP ADDRESS / CITY / STATE / ZIP CODE TELEPHONE NUMBER

CÓDIGO SALUD Y SEGURIDAD • § 7100 • CUSTODIA Y OBLIGACIÓN DE ENTERRO

AVISO: La persona que firma esta documento será responsable de su contenido y responderá por cualquier daño(s) producto de cualquier información falsa contenida en el mismo. (Sección 7110 Del Código De Salud y Seguridad) Además, es una ofensa criminal proveer información falsa a propósito a una entidad del gobierno. Código Penal Sección 115 y 470

El derecho a controlar la disposición de los restos de una persona fallecida, el deber de la disposición y la responsabilidad por el costo razonable de la disposición corresponde a los siguientes en el orden indicado abajo, a menos que otras direcciones hayan sido dadas por el difunto de acuerdo con la Sección 7100. 1, y (1) Un agente con un poder notarial para decisiones de la salud, el cual tiene el derecho y el deber de la disposición conforme a la División 4.7 (comenzando con la Sección 4600) del Código de Sucesiones; (2) El cónyuge sobreviviente competente; (3) El único hijo sobreviviente adulto competente del difunto o, si hay más de un hijo adulto competente, el consenso de la mayoría de los hijos adultos sobrevivientes competentes. (4) El padre sobreviviente competente o a los padres del difunto. Si uno de los padres competentes supervivientes está ausente, el padre competente presente se le concederá a los derechos y deberes de esta sección siempre y cuando esfuerzos razonables para localizar al padre ausente no han tenido éxito. (5) El único hermano adulto sobreviviente competente del difunto o, si hay más de un hermano adulto sobreviviente competente del difunto, el consenso de la mayoría de los hermanos adultos sobrevivientes competentes. (6) El sobreviviente adulto competente o personas, en los grados de parentesco próximo. (7) Si el difunto tiene activos suficientes, un tutor del individuo o de la propiedad, designado de acuerdo a la parte 3(comenzando con la Sección 1800) del 4º Capítulo del Código de Sucesiones. (8) El administrador público cuando el fallecido tiene activos suficientes.

Por lo tanto, tras la finalizar la investigación de la muerte del susodicho individuo, favor de entregar sus restos a:

NOMBRE DE FUNERALIA
NOMBRE DE PARENTESCO (ESCRIBA EN LETRA DE MOLDE) PARENTESCO FIRMA DE PARENTESCO
DIRECCION CIUDAD ESTADO ZONA POSTAL NUMERO DE TELEFONO FECHA DE FIRMA

SI USTED NO ES EL PARIENTE PRÓXIMO DE ACUERDO A LA LEY, FIRME Y EXPLIQUE PORQUE EL PARIENTE PRÓXIMO NO ESTÁ HACIENDO LOS TRÁMITES EN ESTE ASUNTO. SI ES EL ALBACEA DEL TESTAMENTO, FAVOR DE INCLUIR UNA COPIA DEL MISMO JUNTO A ESTE DOCUMENTO.

PARIENTE PRÓXIMO PARENTESCO DIRECCION / CIUDAD / ESTADO / ZONA POSTAL NUMERO DE TELEFONO

Attending Physician: _____ Phone: _____
Address: _____ Last Date Attended: _____
Diagnosis: _____

Surgery: _____ Date: _____ Hospital: _____

WITNESSED DEATH Yes No If no, LAST KNOWN ALIVE Date _____ Time _____

Date and Time Discovered _____ Where _____

By Whom _____ Police Agency Investigated Yes No

If yes — Name and Division of Police Agency _____

REST HOME OR CONVALESCENT HOSPITAL DEATH: Date Admitted _____

Admitting Diagnosis: _____

TERMINAL EVENT OR HOW DISCOVERED, KNOWN MEDICAL HISTORY, RECENT COMPLAINTS OR ILLNESSES AND ANY PERTINENT INFORMATION

HISTORY OR EVIDENCE OF INJURY: Yes No TYPE OF INJURY: _____

Date and Time of Injury: _____ Address: _____

City: _____ State: _____

At work Yes No At home Yes No If neither, where: _____

How did injury occur: _____

ALL MEDICAL EVIDENCE LIST BELOW

Rx No.	Date Filled:	Contents:	Amount Prescribed:	Amount Remaining:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIS FORM COMPLETED BY _____

DECEDENT PERSONALLY IDENTIFIED BY:/IDENTIFICATION HECHA POR:

Signed / Firma _____

Witness/ Testigo _____

Name (Printed) _____

Nombre _____
(ESCRIBA EN LETRA DE MOLDE)

Address/ Domicilio _____

Address/ Domicilio _____

City/ Ciudad _____

City/ Ciudad _____

Telephone No./ Telefono _____

Date Signed/ Fecha Firmada _____

DECLARATION PURSUANT TO SECTION 27491.3 GOVERNMENT CODE

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

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(To be executed by each person entitled to the personal property, or any part thereof, of the decedent, under the provisions of Section 27491.3 of the California Government Code)

No.

The undersigned, (name of declarant), declares as follows:

- 1. I am the successor in interest of decedent, (name of decedent), who died in Los Angeles County, California, on 20
2. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
3. The gross value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (100,000).
4. The following constitutes a portion of the property in the decedent's estate: See attached property inventory slip No.
5. Decedent died without a will and, under section 6402 of the California Probate Code, I am decedent's sole heir at law and successor of the decedent (as defined in Section 13006 of the California Probate Code) to decedent's interest in the described property. (Modify appropriately if (i) the declarant is decedent's testate beneficiary of the described property or (ii) decedent died without a will, left more than one intestate heir, but declarant has the superior right under Prob. C Section 6402 to inherit the described property).
6. No other person has a right to decedent's interest in the described property.
7. Pursuant to the facts set forth above and Section 13100 et seq. of the California Probate Code, I request that the described property attached be paid (or "transferred" or "delivered" as appropriate) to the declarant.
8. Wherefore, declarant hereby requests the Department of Coroner of Los Angeles County to pay and deliver to declarant said money and/or personal property as described, and, in consideration of the payment of the money and/or delivery of the personal property described within the declaration, receipt of which is hereby acknowledged, the undersigned hereby jointly and severally agree to hold said Department of Coroner harmless against all liability, loss, cost, damage, or expense, to which he may be put or which he may incur by reason of the payment and/or delivery of said money and/or property.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE:, 20

/s/ _____ (signature of declarant) (Relationship)
_____ (address)

[Note: If more than one declarant is entitled to succeed to the described property all should join in executing the declaration, and the allegations should be modified to reflect the plural]

DECLARATION PURSUANT TO
SECTION 27491.3 GOVERNMENT CODE

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

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IF DECLARANT DESIRES ANOTHER PARTY TO RECEIVE PERSONAL EFFECTS AND MONIES FOUND UPON DECEASED, THIS PORTION OF THE FORM MUST ALSO BE COMPLETED, SIGNED AND NOTARIZED.

Declarant requests and directs the Department of Coroner of the County of Los Angeles to release all personal effects to:

Print name _____

Address _____

Who is hereby designated and authorized to receive the same on their behalf and to receipt in his/her own name therefore, and the undersigned hereby jointly and severally agree to hold said Department of Coroner harmless against all liability, loss, cost, damage or expense to which he may be put or which he may incur by reason of the payment and/or delivery of said money and/or personal property.

Declarant sign here _____

STATE OF CALIFORNIA, COUNTY OF (name), whose name is subscribed to the foregoing declaration, personally appeared before me and acknowledged having executed the declaration, and (either "is known to me to be that person" OR "was proved by satisfactory evidence to be that person").

Acknowledged on, 20

(signature of notary public)

[NOTARY SEAL]