



COUNTY OF SAN LUIS OBISPO

PUBLIC ADMINISTRATOR

James W. Hamilton, CPA Public Administrator

Laura Mullis Deputy Public Administrator

San Luis Obispo County Public Administrator: Intake Referral Form

Name of Decedent: Social Security No.:

Referring Party: Phone/Fax:

Date of Birth: Place: Citizen: (y/n) Veteran: (y/n)

Date of Death: Place: Cause of Death:

If hospitalized, date admitted, how arrived, from where:

Mortuary/Contact: Phone/Fax:

Bank Accounts (branch/type/account #/amount):

Safe Deposit Box: (y/n) Will/Trust: (y/n) Executor:

Last Known Residence:

Landlord: Phone:

Personal Property: Location:

Real Property: Location:

Marital Status: Spouse/Children:

Mother/Father/Places of Birth:

CONTACTS (family, neighbors, friends, informants, etc) - Please provide ANY information, even if incomplete.

Name/Relationship: Phone:

Address:

Name/Relationship: Phone:

Address:

Name/Relationship: Phone:

Address:

ADDITIONAL INFORMATION/COMMENTS- Please use additional pages as needed.

Referring Party Signature: DATE: