

County of Santa Clara

Medical Examiner-Coroner's Office

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



SCCMEC Form PR01

To: Medical Examiner-Coroner's Office, County of Santa Clara
Decedent's Name _____ Coroner File # _____

REQUEST FOR RELEASE OF DECEDENT'S PERSONAL PROPERTY

I certify that, pursuant to **Section 330, California Probate Code, State of California**, that I am the decedent's surviving spouse, relative, or conservator or guardian of the estate acting in the capacity at the time of death, and hereby request release of all personal property in your custody. I also certify that I am unaware of any dispute over my right to possession of the property.

Delivery of property pursuant to this section does not determine ownership of the property or confer any greater rights in the property than the recipient 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, the person holding the property shall deliver it to the personal representative on request by the personal representative. Pursuant to **Section 330(f), California Probate Code, State of California**, a person that delivers property pursuant to this section is not liable for loss of damages to the property caused by the person to whom the property is delivered.

The person signing this request is liable for all damages caused by any untruthful statements contained in this document. It is also a criminal offense to forge or knowingly file a false statement with a government agency (**Penal Code Section 115/470**).

_____ I hereby request that the Santa Clara County Medical Examiner-Coroner release all personal property in its custody to the following:
Initial _____ Funeral Director/ Mortuary _____.

I understand that the Santa Clara County Medical Examiner-Coroner is not responsible for any lost or stolen property resulting from this release.

Print Name _____ Signature _____

Address _____ City _____ State _____

Relationship _____ Telephone Number _____

VERIFICATION OF IDENTITY: I certify that I have verified the identity of the above named party, and that I have done so pursuant to **Section 13104 (d), California Probate Code, State of California**.

Verification of Identity was made by:

_____ Identification card or driver's license issued by the Department of Motor Vehicles that is current
Initial _____ or was issued during the preceding five years. NUMBER _____

_____ A passport issued by the Department of State of the United States that is current or was issued during the preceding
Initial _____ five years. NUMBER _____

OR Any of the following documents if the document is current or was issued during the preceding five years and contains a photograph and description of the person named on it, is signed by the person, and bears a serial or other identification number:

_____ A Passport issued by a foreign government that has been stamped by the United States
Initial _____ Immigration and Naturalization Service. NUMBER _____

_____ An identification card or driver's license issued by a state other than California.
Initial _____ NUMBER _____

_____ A notary public's certificate of acknowledgement identifying the person executing the affidavit
Initial _____ or declaration. NUMBER _____

Person verifying identity: _____ Title _____ Date ____/____/____
Print Name

Witness _____ Signature _____
Print Name

Address _____ City _____ State _____