



# County of Marin Public Administrator

"Administration with dignity, respect and trust"

## Referral Instructions

**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) or when referred by the Marin County Coroner, an 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 the will. The Public Administrator may administer the estate of a person who passed away with no will or without next of kin willing or able to act as administrator.

**Residency Requirement:** The person who passed away must be a resident of the County of Marin. This means they must have intended to make Marin 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, indicating specific disposition instructions; may be 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 remains is established by Health & Safety Code Section 7100.

**Step 1:** Complete the Marin County Public Administrator Referral Form. The referent must demonstrate due diligence by documenting efforts to locate the decedent's personal representative.

**Step 2:** The completed Referral Form must be electronically submitted by clicking on any button within this form or by faxing the form to 415-473-3011.

**Step 3:** The referent must submit any documents in support of the referral; such documents may include: intake or admissions forms, inventory of personal items, contact list, POLST forms, DPOA, pre-need documents.

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: wallets, purses, identification, keys, jewelry, other personal effects.

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

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**ROY GIVEN, CPA**  
Director of Finance-Public Administrator

3501 Civic Center Drive, Suite 209 San Rafael, CA 94903

P. O. Box 4220 San Rafael, CA 94913

Phone (415) 473-6151 Fax (415) 473-3011

CRS Dial 711

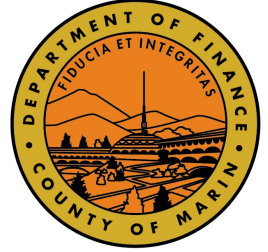
**BRETT K. RHODES, MPA, J.D.**  
Chief Deputy Public Administrator

Helpful Links:





**Office of the Public Administrator - County of Marin**  
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**REFERRAL FORM**

or Fax (415) 473-3011

Date: \_\_\_\_\_

Decedent's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Coroner's Seal: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

House Keys Location: \_\_\_\_\_ County of Residence: \_\_\_\_\_ How long? \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_

U.S. Citizen?: \_\_\_\_\_ If no, Country: \_\_\_\_\_ U.S. Vet? \_\_\_\_\_ Branch: \_\_\_\_\_ Disabled Vet?: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ VA Papers: DD214: \_\_\_\_\_ Other: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

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

Date of Facility Admittance: \_\_\_\_\_ Decedent location before facility: \_\_\_\_\_

**Family Information:**

Spouse: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sibling: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(List additional Family Information below)

**Other Relatives/Friends Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Funeral/Mortuary Information:**

Current Body Location: \_\_\_\_\_ Removal Authorized By: \_\_\_\_\_

Documents Attached: \_\_\_\_\_ Will/Trust?: \_\_\_\_\_ Power of Attorney for Healthcare?: \_\_\_\_\_ POLST Form?: \_\_\_\_\_

Other pertinent information or forms: \_\_\_\_\_

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**Assets/Income:**

Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

ATM Card?: Safe Deposit Box: \_\_\_\_\_ Location of Key: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

ATM Card?: Safe Deposit Box: \_\_\_\_\_ Location of Key: \_\_\_\_\_

**Other Sources of Income:**

MediCal Benefits: Which County: \_\_\_\_\_ [Click for County Code](#)

SSA Income: \_\_\_\_\_ SSI Income: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_

Other: \_\_\_\_\_

**Other Assets:**

Vehicle: Make \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Additional Vehicle or Other Assets

**Real Property:**

Rent: Own:

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Other information, including contact dates:**

Referring Party: \_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_

Fax: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\*\*

Click Here to:

or Fax (415) 473-3011

Click Here to:

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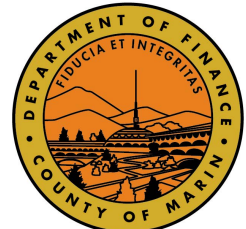
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