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 Submit 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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MINA MARTINOVICH, CPA
Interim Director of Finance

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

3501 Civic Center Drive, Suite 251 San Rafael, CA 94903
P. O. Box 4220 San Rafael, CA 94913
Phone (415) 473-6151 Fax (415) 473-3011
CRS Dial 711

Helpful Links:

Office of the Public Administrator - County of Marin

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REFERRAL FORM

Submit 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: _____

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: _____

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Click Here to: Submit or Fax (415) 473-3011 Click Here to: Clear Form

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MINA MARTINOVICH CPA
Director of Finance- Public Administrator

Helpful Links:

Marin County
Search for Next of Kin Documentation

If next of kin is not located, please complete this form before referring the case to the Public Administrator or Coroner in cases specified by Government Code 27491

DECEDENT INFORMATION

Decedent Name (Last)_____ (First)_____ (Middle) _____

Last known address _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Time of Death _____ Place of Death _____

Social Security #. _____ Driver's Lic./ID #. _____ State _____

Name of Spouse _____

Last Employer _____ Address _____ Ph # _____

Military Service or "C" # of Decedent or Spouse _____ Branch _____

Durable Power of Attorney for Health Care (Attach)_____ Attach file

Conservator, Payee or Responsible Party _____

Address _____ Ph. # _____

Date Admitted to Facility _____ Admitted From _____

Decedent Property held at facility (list) _____

_____

Decedent's Income and Source _____

NEXT OF KIN – FRIENDS – OTHER CONTACTS

Name _____ Relationship _____

Address _____ Ph. # _____

Name _____ Relationship _____

Address _____ Ph. # _____

Name _____ Relationship _____

Address _____ Ph. # _____

Name _____ Relationship _____

Address _____ Ph. # _____

DOCUMENTATION OF SEARCH FOR NEXT OF KIN

Specify dates and times; means of contact (telephone, letter, in person); person attempting to contact; person contacted; result of contact. Attach additional pages as needed. All attempts must be documented.

_____

_____

_____

_____

_____

_____

I certify that a diligent effort has been made to locate the decedent's next of kin.

_____ _____
Signature Date

_____ _____
Print name and title Phone Number