

SOLANO COUNTY SHERIFF-CORONER'S OFFICE

Coroner's Office

APPLICATION FOR INDIGENT DISPOSITION

INSTRUCTIONS TO APPLICANT

The information you are asked to supply on this and other forms for financial eligibility must be complete and accurate. This information will be used to determine your ability to pay for final disposition of the decedent of whom you are the legal next of kin. All persons who have legal responsibility for handling final disposition must complete and submit an application. Incomplete applications will delay the process may result in additional fees related to storage prior to final disposition. In addition to completing this application, proof of information provided must accompany application in the form of copies of all bills, statements and pay reports for a three month period at the time of application. Please write legibly.

Coroner's Case # 2011-0355

Section 1

This section must be completed using information about the decedent.

Decedent (Last) (First) (Middle)			Birthdate	Date of Death	Social Security Number
Address			City	State	Own or Rent
Bank/Credit Union/Investment Co. Name and Address	Account Type	Account Number		Current Balance \$	
Bank/Credit Union/Investment Co. Name and Address	Account Type	Account Number		Current Balance \$	
Bank/Credit Union/Investment Co. Name and Address	Account Type	Account Number		Current Balance \$	
Bank/Credit Union/Investment Co. Name and Address	Account Type	Account Number		Current Balance \$	
Bank/Credit Union/Investment Co. Name and Address	Account Type	Account Number		Current Balance \$	
Insurance Co. and Address	Insurance Policy #	Beneficiary		Value \$	
Insurance Co. and Address	Insurance Policy #	Beneficiary		Value \$	
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.	Mileage	
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Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.	Mileage	

In the spaces below list all other real estate or personal property owned. Include jewelry and other assets

Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value

Section 2

This section must be completed with information about the entire household of the applicant. Supporting documents related to all information must be attached and will not be returned. Failure to include supporting documents may result in denial of services.

Applicant (Last) (First) (Middle)			Birthdate	Marital Status	Social Security Number
Address			City	State	Telephone
DL Number/State	Other Names Used in Past 10 Years i.e. Maiden Name		Will You Receive Death Benefits From This Death?		

Section 2 Continued

Relationship to Decedent		Own or Rent Home	Number Persons in Household	Number of Adults in Household	
1. Name, Age of Other Persons Living in Household			2.		
3.			4.		
5.			6.		
Applicant's Employer Name and Address				Telephone	
Position Held/Title			How Long	Monthly Income \$	
Other Income Source		Monthly Income \$	Other Income Source		Monthly Income \$
Other Income Source		Monthly Income \$	Other Income Source		Monthly Income \$
Other Income Source		Monthly Income \$	Other Income Source		Monthly Income \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number		Current Balance \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number		Current Balance \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number		Current Balance \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number		Current Balance \$
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Milage
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Milage
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Milage
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Milage
In the spaces below list all other real estate or personal property owned. Include jewelry and other assets					
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value

Complete the following section for the spouse of the applicant.

Spouse Name (Last)		(First)	(Middle)	Birthdate	Marital Status	Social Security Number
DL Number/State	Other Names Used in Past 10 Years Including Maiden Name					
Employer Name and Address					Telephone	
Position Held/Title				How Long	Monthly Income \$	
Other Income Source		Monthly Income \$		Other Income Source		Monthly Income \$
Other Income Source		Monthly Income \$		Other Income Source		Monthly Income \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number			Current Balance \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number			Current Balance \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number			Current Balance \$
Bank/Credit Union/Investment Co. Name and Address		Account Type	Account Number			Current Balance \$
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$	
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$	
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$	
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$	
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$	
Credit Card Co. Name and Address		Account Number		Credit Limit \$	Current Balance \$	
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Mileage	
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Mileage	
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Mileage	
Make of Vehicle Owned/Leased	Model	Year	Description i.e. coupe, 4 door, etc.		Mileage	

In the spaces below list all other real estate or personal property owned. Include jewelry and other assets

Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value
Item	Location	Value	Item	Location	Value

Complete the following section for all other adult persons living in household. Use additional pages if necessary.

1. Name (Last)		(First)	(Middle)	Birthdate	Marital Status	Social Security Number
Income Source					Monthly Income \$	
2. Name (Last)		(First)	(Middle)	Birthdate	Marital Status	Social Security Number
Income Source					Monthly Income \$	
3. Name (Last)		(First)	(Middle)	Birthdate	Marital Status	Social Security Number
Income Source					Monthly Income \$	

4. Name (Last)	(First)	(Middle)	Birthdate	Marital Status	Social Security Number
Income Source					Monthly Income \$
5. Name (Last)	(First)	(Middle)	Birthdate	Marital Status	Social Security Number
Income Source					Monthly Income \$

Section 3

All persons of the same relationship to the decedent are equally responsible to complete the final disposition. For this reason, in order for an indigent disposition to take place, all persons responsible for the disposition must apply. If there are other persons of the same relationship to the decedent, list them here. Use additional pages if required.

1 Name (Last)	(First)	(Middle)	Birthdate	Other Last names used by this person	
Address					Telephone
2 Name (Last)	(First)	(Middle)	Birthdate	Other Last names used by this person	
Address					Telephone
3 Name (Last)	(First)	(Middle)	Birthdate	Other Last names used by this person	
Address					Telephone
4 Name (Last)	(First)	(Middle)	Birthdate	Other Last names used by this person	
Address					Telephone
5 Name (Last)	(First)	(Middle)	Birthdate	Other Last names used by this person	
Address					Telephone

AUTHORIZATION TO RELEASE INFORMATION / DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

I/we hereby authorize the Solano County Coroner's Office and its duly authorized representatives to contact any employer, bank, savings and loan, credit union, investment company, insurance company, Attorney at Law or governmental agency and run a credit report regarding my/our financial condition. I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to Solano County Coroner's Office and its duly authorized representatives any or all information contained in my/our financial records. Said disclosable information shall include, but is not limited to, all accounts, assets, liabilities, and financial transactions maintained by said financial institution. You may be required to provide your most recent tax return.

WARNING: Perjury is a felony punishable by confinement in a State Prison.

I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR THE APPLICATION FOR INDIGENT DISPOSITION IS TRUE AND CORRECT.

X
APPLICANT'S SIGNATURE

X
SPOUSE SIGNATURE

DATE

DATE

PUBLIC GUARDIAN/PUBLIC CONSERVATOR
P. O. BOX 5140
SACRAMENTO, CA 95817

Phone: PUBLIC CONSERVATOR: (916) 875-4467
Fax: (916) 875-3187



ADMINISTRATION
LPS UNIT

Fax

To: American River Cremation, attn: Mike From: Lindsay Wainscott, Deputy

Fax: 567-0104 Phone: 875-4467

Phone: 567-0100 Pages: 4

Re: PA referral form CC:

For Review Please Comment Please Reply Please Recycle

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