

Conejo Valley Victims Fund
held at Ventura County Community Foundation

Affidavit – Decedent Did Not Leave a Will

Decedent's Name: _____

(Decedent's name) _____ did not leave a will.

I am (decedent's name) _____ legal personal representative.

Check One:

_____ I have/intend to open probate for the Estate of (decedent's name) _____

with Probate Court in _____ County. I will provide copies of the Order appointing me Executor, Administrator with Will Annexed, Administrator, or Special Administrator to Ventura County Community Foundation.

_____ I do not intend to open a probate for the Estate of (decedent's name) _____

Please complete the following:

The following persons are the nearest, living blood relatives to (decedent's name) _____

Spouse Name and Complete Mailing Address:

Parents Names and Complete Mailing Addresses:

Children Names and Complete Mailing Addresses:

Sibling Names and Complete Mailing Addresses:

Nieces/Nephews Names and Complete Mailing Addresses:

Aunts/Uncles Names and Complete Mailing Addresses:

Cousins Names and Complete Mailing Addresses:

Grandparents Names and Complete Mailing Addresses:

Under California Prob. Code §§6401 and 6402, the following persons are (*decedent's name*) _____

intestate heirs ("Heirs"):

Names and Complete Mailing Addresses:

Check One:

_____ The Heirs and I propose that I, as (*decedent's name*) _____ legal personal representative, receive the funds from the Ventura County Community Foundation ("VCCF"), and that I distribute the funds as appropriate.* I understand a copy of the Consent to Distribution to Legal Personal Representative will be mailed to all heirs and must be returned to VCCF.

_____ The Heirs and I propose to distribute funds received from the Ventura County Community Foundation ("VCCF") per the Plan of Distribution, and the Heirs and I all consent to the Plan of Distribution.*

***Please note that a Consent of Distribution Form will be mailed to all Heirs and funds Heirs will not be disbursed until all consent forms are completed and returned.*

Please read and initial after each statement:

I have sought legal counsel or I have declined to seek legal counsel regarding this Affidavit. _____

I agree to hold VCCF free and harmless and indemnify VCCF against all liability, claims, demands, loss, damage, costs and expense whatsoever that VCCF may incur because of the transfer, payment, or delivery of the funds pursuant to Paragraph 5 of this Affidavit. _____

I affirm and declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct. _____.

Print Name: _____

Signature: _____

Date: _____

Please return completed form no later than February 18 to:

Conejo Valley Victims Fund
Ventura County Community Foundation
4001 Mission Oaks Boulevard, suite 1
Camarillo, CA 93012

You can also e-mail the completed form to Kirsti Thompson, ktompson@giveanhour.org