**INSERT FIRM LETTERHEAD HERE**

***NOTICE TO DEPARTMENT OF HEALTH CARE SERVICES***

***(UPDATE FOR YOUR APPLICABLE STATE TAX BOARD)***

November 21, 2024

**NOTICE OF DEATH IN ACCORDANCE WITH PROBATE CODE § 9202 and § 215
and WELFARE and INSTITUTIONS CODE § 14009.5**

***SENT VIA FIRST CLASS MAIL***

Department of Health Care Services

Estate Recovery Section

P.O. Box 997425, MS 4720

Sacramento, CA 95899-7425

 **RE: DECEDENT NAME, Deceased**

 **Social Security Number: ­DECEDENT’S SSN**

To Whom It May Concern:

 Notice is given that the above-named decedent died on DATE OF DEATH. There will be no formal probate for the decedent. Kindly notify our office of any claim you may have against the decedent or the decedent’s estate in the manner and within the time prescribed by law.

Enclosed please find a copy of the decedent’s death certificate.

Please send your acknowledgment regarding the status of the decedent by mail to LAW FIRM NAME, LAW FIRM ADDRESS, or by email to LAW FIRM EMAIL ADDRESS.

Sincerely,

FIRM NAME

ATTORNEY NAME

Attorney at Law

ATTY INITIALS/admin initials

Enclosures