



# Controller Betty T. Yee

California State Controller's Office

Unclaimed Property Division

## TABLE OF HEIRSHIP

Deceased Owner Name:					Deceased Date:		
<b>LIST ALL KNOWN RELATIVES</b> <i>Enter "None" in any section for which there is no known relative.          (If you need additional space, attach a second Table of Heirship identifying all missing relatives for all appropriate sections.)</i>					Property ID:		
Section 1		FIRST	MIDDLE	(MAIDEN) LAST	Date of		
					Marriage	Birth	Death
Deceased Owner's Spouse(s)	1						
	2						
	3						
Section 2		FIRST	MIDDLE	(MAIDEN) LAST	Parent's Name (FROM SECTION 1)	Birth	Death
Deceased Owner's Children	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
Section 3		FIRST	MIDDLE	(MAIDEN) LAST	Parent's Name (FROM SECTION 2)	Birth	Death
Deceased Owner's Grandchildren	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
Section 4		FIRST	MIDDLE	(MAIDEN) LAST		Birth	Death
Deceased Owner's Parents	Father:						
	Mother:						
Section 5		FIRST	MIDDLE	(MAIDEN) LAST		Birth	Death
Deceased Owner's Brothers and Sisters	1						
	2						
	3						
	4						
	5						
Section 6		FIRST	MIDDLE	(MAIDEN) LAST	Parent's Name (FROM SECTION 5)	Birth	Death
Children of Deceased Owner's Brothers and Sisters	1						
	2						
	3						
	4						
I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this Table of Heirship and any accompanying documents are true and correct, with full knowledge that all statements made in the Table of Heirship are subject to investigation and that any false or dishonest statement may be grounds for denial of the submitted claim.							
PRINTED NAME				SIGNATURE			

For a tutorial on completing this form, visit [https://sco.ca.gov/upd\\_form\\_claim.html](https://sco.ca.gov/upd_form_claim.html)