

_____, 20__

Department of Health Care Services
Third Party Liability and Recovery Division
Estate Recovery Section – MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

Re: Death of _____
 Social Security Number _____

Dear Sir or Madam:

I represent _____, daughter of _____.
Pursuant to Probate Code §9202, enclosed is a certified copy of the Death Certificate for
_____. She died on _____, 20__.

If you have any questions or concerns, please do not hesitate to contact me.

I am, sincerely yours,

Enclosures: Copy of Death Certificate