



**DECLARATION IN SUPPORT OF REQUEST FOR RELEASE OF FUNDS HELD BY
STUDENT FINANCIAL SERVICES TO A BENEFICIARY OF A DECEASED PERSON**

CLAIMANT INFORMATION

Name of Claimant: _____ Amount of Claim: _____

Claimant's Address: _____ Claimant's Phone Number: _____

Claimant's Mailing Address (if different from above): _____

Decedent's Name: _____ Claimant's Relationship to the Decedent: _____

SUPPORTING DOCUMENTATION

Attach the following documents that evidence your relationship to the decedent or proof that you are the legally appointed personal representative of the decedent and that prove your right to the funds on deposit:

- A copy of the decedent's will, if any,
- Decedent's death certificate;
- Marriage certificate, if you are the decedent's spouse;
- *Your* birth certificate, if you are the decedent's child
- or that otherwise establish, with documentary proof, the existence of a blood or legal relationship to either the decedent or his or her predeceased spouse, if any, that proves your right to the funds on deposit.

The documentary proof, if regular on its face, need not be certified.

At least forty (40) days must have elapsed since the death of the decedent.

Provide reasonable proof of your identity for purposes of this declaration as follows:

Execute this declaration in the presence of CSU, Chico staff; **AND** provide:

- Current state or federal identification w/photo, **OR**

If you are unable to execute this declaration in the presence of staff, a notary public's certificate of acknowledgement identifying you as the person executing the declaration is reasonable proof of identity.

Note: All documentation submitted to CSU, Chico may be subject to disclosure under public records laws.

Please check **one** of the following:

No proceeding is now being or has been conducted in California for administration of the decedent's estate.

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

I hereby certify that I am entitled to the funds on deposit. I declare under penalty of perjury that the foregoing information is correct and that the documents I have submitted are either originals or true copies of originals.

Signature of Claimant _____ Date: _____

RETURN THE COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION TO:

Student Financial Services
400 W. First St.
Chico, CA 95929-0242

For Staff Use Only

I _____ certify that on _____ the claimant named above presented me with
Printed Name of Employee Initials Date
photo identification in the form of _____ that meets the requirements listed under the
(ID card, driver's license, passport, other)
supporting documentation section on page 1.

Staff - Attach a clear photocopy of the identification presented to you with this document.