



WASHOE COUNTY PUBLIC ADMINISTRATOR

Post Office Box 7360 Reno, Nevada 89510-7360

Telephone (775) 861-4000

Fax (775) 861-4041

Referral Form Instructions

Correctly completed referrals help the Public Administrator determine whether the case is appropriate for assignment to an investigator. Please complete all blanks. Please print or type. If information cannot be obtained or does not apply, enter "Not Available" or "Does Not Apply", whichever is applicable.

Asset and financial information are crucial and help the Public Administrator take immediate action to protect income/assets from loss. Bank account details including account numbers and branch locations are especially helpful.

It is imperative that the location of all personal property is listed. Include such locations as storage units and safe deposit boxes. Don't forget any items in another person's care and custody.

When relatives and other contacts are listed, you **must** include **addresses** as well as telephone numbers. Please do not simply write "deceased" in the space for spouse and parent's names. We need their **names** whenever possible.

In order to assist with the investigation, we have prepared a checklist of documents that must be submitted with the original referral form. If information cannot be obtained or does not apply, enter "Not Available" or "Does Not Apply", whichever is applicable, on the checklist form. Please submit the completed checklist with the completed referral form.

If the decedent was under guardianship, the referral form **must** be accompanied by the following:

1. Copy of all relevant pleadings (Accounting, Inventory, Petitions, etc.)
2. Name, address and phone number of the appointed guardian (or guardian case manager)
3. Names, addresses, and phone numbers of relevant attorney and accountant used for the guardianship.

Also, any funds or personal property on hand upon termination of the guardianship must be received by the Public Administrator within 30 days of acceptance of referral.



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Estate Referral Document Checklist

Please provide copies of the following documents. If any of these items is unavailable or does not apply, please indicate this next to the item. Submit checklist with the completed referral form.

- Original Will (Or Copy If Original Is Not Available) _____
- Certified Death Certificate _____
- Current Year Tax Records _____
- Tax Returns For Prior 3 Years _____
- Correspondence To Family / Significant Others / Etc _____
- Escrow Documents From Any Sale Of Real Property During The Current Tax Year _____

- List Of Creditors _____
- Copy Of Funeral Bill _____
- Copies Of All Bills/Invoices/Accounts Payable/Notes Payable _____
- Copies Of Any "No Funds" Letters Sent To Creditors _____
- Copy Of Admit Sheet From Care Facility _____
- Copy Of History Taken At Facility _____
- Complete Patient Trust Fund Accounting From Facility _____
- Proof Of Payment Source, Application And Guarantee For Facility _____
- Any Other Pertinent Information, Documents Or Correspondence _____



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ESTATE REFERRAL

This form must be thoroughly completed in order to expedite investigation.
Please Print or Type

Date _____

Name of Person Making Referral _____

Address _____ Phone Number _____

Email _____ Signature _____

1. General Information

Name of Decedent _____ Male Female

Date of Death _____

Place of Death _____

AKA _____ Mother's Maiden Name _____

Age _____ Date of Birth _____ Birth Place _____ Ethnic Origin _____

Social Security # _____ Telephone _____

Home Address (or last known address where mail was received)

Was next of kin notified of death? Yes ___ No ___ Date and Time Notified _____

Notification Completed By _____ Was Coroner Involved? Yes ___ No ___

Has a Change of Address been sent to the Post Office? Yes ___ No ___ If Yes, Date _____

Where was the mail forwarded? _____

Did Decedent Live Alone? Yes ___ No ___ If Not, With Whom? _____

Marital Status : Married _____ Single _____ Divorced _____ Widowed _____

U.S. Citizen: Yes _____ No _____ (Note, if not U.S. Citizen, attach immigration papers.)

Military Service _____ Service Number _____

2. **Will** (*Attach a Copy*)

Was a Will Prepared? Yes _____ No _____ Date Prepared _____

Prepared By? _____

Location of Original _____

3. **Has Anyone Been Appointed By the Court to Administer the Estate?** Yes _____ No _____

If so, who? _____

Date _____ District Court Case Number _____ Department _____

4. **Did Decedent Have a Private Attorney?** Yes _____ No _____ If so, give name, address and

telephone number of attorney. _____

Was attorney notified of death? Yes _____ No _____

By whom? _____ Date _____

5. **Did Decedent Have an Accountant?** Yes _____ No _____ If so, give name,

address and telephone number of accountant. _____

Was accountant notified of death? Yes _____ No _____

By whom? _____

6. **Spouse Information** (*Attach additional sheets if necessary.*)

Name of Spouse _____ Maiden Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

SS # _____ Date of Birth _____ Date of Marriage _____

Place of Birth _____ U.S. Citizen? Yes ___ No ___ Veteran? Yes ___ No ___

If Deceased, Place of Death _____ Date of Death _____

7. Relatives / Significant Others (Include emergency contact, all family members, relationships, addresses and telephone numbers.) Attach additional sheets if necessary. Please indicate "None" if no known family.

Name	Mailing Address & Email Address	Phone No.	Relationship To Decedent

8. Income Sources (Attach additional sheets if necessary.)

Income Source	Amount Received	Address & Phone Number of Payee
SSA		
SSI		
VA		
Pension		
Employer		
Other		
Other		
Other		
Other		

9. **Assets** (Attach Additional Sheets If Necessary.)

Asset	Name	Location /Address	Account Number	Account Balance / Value
Guardianship Trust Account				
Checking Account				
Savings Account(s)				
CD/IRA Trust Fund				
Deeds of Trust				
Stocks Bonds				
Real Property (House, Land, etc.)				
Mobile Home				
Vehicles (Include Year, Make, Model & VIN)				
Burial Plot / Plan Insurance				
Safe Deposit Box				
Accounts or Notes Receivable				
Other				

10. **Personal Property**

Type of Property (Household Furnishings, Vehicles, Jewelry, Etc.)	Location of Property (Residence, Storage Unit, Safe Deposit Box, Care Facility, Etc.)

11. Insurance

Insurance Type	Name of Company	Address	Policy Number
Life Insurance			
Auto Insurance			
Health Insurance			
Homeowner's Insurance			

12. Funeral Information - Total Amount of Funeral _____

Mortuary or Cemetery _____

Funeral Paid By (*attach copy of receipt*): _____

Address _____ Telephone Number _____

Did decedent have a pre-paid funeral plan? Yes _____ No _____ (*Attach Copy If Available.*)

With Whom? _____

Address _____ Telephone Number _____

13. Creditor Information - Provide list of creditors (name, address, account number) for all bills that **have not** been paid. (*Include any debts not paid during guardianship period that may need to be settled once property is liquidated.*) Attach additional sheet if necessary.

Name & Address Of Creditor	Account Number	Amount / Balance Owed

14. Was decedent involved in any litigation? Are any assets in jeopardy? (Foreclosure, damaged, loaned to anyone?)

**Please provide any other information applicable to the decedent's estate.
Attach additional sheets if necessary.**