

## NOTICE OF ESCHEAT ESTATE

This form is required to be completed and submitted to the Department of Revenue when someone dies under the jurisdiction of Washington State without a will or known heirs. Complete this form to the best of your knowledge. Use additional sheets if necessary. Documentation supporting value is requested. If documentation is unavailable, you may use estimates if identified as such.

Decedent's first name	Middle name	Decedent's last name				Social Security number			
Last known street address and city	<u>I</u>		State Zip code		<u> </u>	Date of death			
Informant's first name	Middle name			Informant's last name					
Mailing address			City			St	ate	Zip code	
Telephone number		Email addre	ess			l		1	
<b>ASSETS – List type</b> (Bank accounts, cash, stocks, bonds, real property, personal effects, vehicles, collections, home furnishings, jewelry, other) <b>and value:</b>									
Brief Description of Asset						Value of Item			
DEBTS – List type (Funeral costs, medical bills, credit card debt, mortgages, car loans, other) and amount:									
Brief Description of Debt							Amount of Item		
Describe your relationship to the decedent and whether you are a creditor of the decedent's estate:									

Under the provisions of RCW 11.28.120(5)(a), the director of revenue, or the director's designee, has the right to serve as personal representative of an escheat estate. The director may waive this right.

The department must acknowledge receipt of this form in order for the probate of an escheat estate to proceed. If the department is not timely notified the probate may be voided per RCW 11.08.170 Probate of escheat property – Notice to Department of Revenue.

For tax assistance visit dor.wa.gov or call (360) 534-1503, option 7. To inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington relay Service by calling 711.