

**DONNY YOUNGBLOOD**  
Sheriff-Coroner  
Public Administrator

**SHERIFF'S OFFICE**  
COUNTY OF KERN



Public Administrator Section  
5251 Office Park Drive, Bldg. 300  
Bakersfield, California 93309

Public Administrator Mailing  
PO Box 2226  
Bakersfield, California 93303

Telephone (661) 635-1330  
Fax (661) 635-1310

**PUBLIC ADMINISTRATOR SECTION**

## **Public Administrator Referral Instructions**

The referral form must be completed as much as possible to your best knowledge. If you are in possession of any important documents submit with the referral. Examples may be but not limited to:

- Will
- PreNeed
- Death certificate
- Financial documents
- Copies of credit/debit cards
- Additional next of kin information (if applicable)

Referrals can be submitted via fax or mail.

Fax No.: (661) 635-1310

Mailing Address: PO BOX 2226 Bakersfield, CA 93303

Sincerely,

**DONNY YOUNGBLOOD**  
Kern County Sheriff-Coroner -Public Administrator



County of Kern  
 Public Administrator  
 5251 Office Park Drive Bldg. 300  
 Post Office Box 2226  
 Bakersfield, CA 93303  
 661-635-1330; FAX: 661-635-1310  
 www.kernsheriff.org

INTERNAL USE ONLY

DATE RECEIVED: \_\_\_\_\_

DEPUTY NAME: \_\_\_\_\_

**REFERRAL INFORMATION**

DATE: \_\_\_\_\_ REFERRING AGENCY: \_\_\_\_\_

CONTACT NAME & ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**BASIS FOR REFERRAL**

Pre-Death Referral

Medical/Critically Ill  
 Hospital /admittance dates: \_\_\_\_\_  
 Facility No NOK  
 Facility /admittance dates: \_\_\_\_\_

After Death Referral

No NOK  
 NOK Unable/Unwilling Handle  
 Potential Loss/Misappropriation of Estate Assets

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

LAST KNOWN ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SEX:  Male  Female SSN: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ HUSBAND/WIFE: \_\_\_\_\_

DOD: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

**WILL / FINAL DISPOSTION**

WILL:  NO  YES Location: \_\_\_\_\_

PRE-NEED:  NO  YES Location: \_\_\_\_\_

BODY LOCATION: \_\_\_\_\_

**PERSONAL INCOME**

OCCUPATION/EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

VETERAN STATUS:  NO  YES Branch of service: \_\_\_\_\_

THIRD PARTY PAYEE:  NO  YES Representative Payee: \_\_\_\_\_

SOCIAL SECURITY BENEFITS:  NO  YES Amount \$ \_\_\_\_\_

WELFARE BENEFITS:  NO  YES Amount \$ \_\_\_\_\_

**NEXT OF KIN / HEIRS / POTENTIAL LEADS**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE / E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE / E-MAIL: \_\_\_\_\_

**ASSETS / REAL PROPERTY / PERSONAL PROPERTY**

REAL PROPERTY ADDRESS: \_\_\_\_\_

SECURED:  NO  YES KEYS TO RESIDENCE:  NO  YES Location of keys: \_\_\_\_\_

OWNED  RENT  Mortgage / Rent Payment \$ \_\_\_\_\_ Mortgage Company/Landlord: \_\_\_\_\_

VEHICLE(S):  NO  YES Description: \_\_\_\_\_ Location: \_\_\_\_\_

FINANCIAL ACCOUNT:  NO  YES Account Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

SAFE DEPOSIT BOX:  NO  YES Location: \_\_\_\_\_

CASH IN EFFECTS:  NO  YES Amount \$: \_\_\_\_\_

PERSONAL PROPERTY:  NO  YES Location: \_\_\_\_\_

Comments: \_\_\_\_\_