KERN COUNTY SHERIFF'S OFFICE

1350 Norris Road, Bakersfield, CA 93308
661.391.7500 - www.kernsheriff.org

DONNY YOUNGBLOOD
Sheriff - Coroner - Public Administrator

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

Referrals can be submitted via fax, mail or email:

Fax No.: (661) 392-6758
Mailing Address: PO BOX 2226 Bakersfield, CA 93303
Email: KCSOPA@kernsheriff.org

Sincerely,

DONNY YOUNGBLOOD
Kern County Sheriff-Coroner -Public Administrator

County of Kern
Public Administrator
34970 McMurtrey Ave, 2nd FL.
Post Office Box 2226
Bakersfield, CA 93303
661-392-6778; FAX: 661-392-6758
www.kernsheriff.org

INTERNAL USE ONLY

DATE RECIEVED: _____

DEPUTY NAME: _____

REFERRAL INFORMATION	
DATE:	REFERRING AGENCY:
CONTACT NAME & ADDRESS:	
PHONE:	E- MAIL:

BASIS FOR REFERRAL

Pre-Death Referral	After Death Referral
☐ Medical/Critically Ill	☐ No NOK
Hospital /admittance dates: _____	☐ NOK Unable/Unwilling Handle
☐ Facility No NOK	☐ Potential Loss/Misappropriation of Estate Assets
Facility /admittance dates: _____	

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:			