

ST HELENS & KNOWSLEY HOSPITALS NHS TRUST

CLAIM FOR DECEASED PATIENT'S PROPERTY

10361

Hospital

Name of deceased Patient's hospital no.

1. Claimant:

(a) Name (Surname first in block capitals)

(b) Permanent address

(c) Occupation or status

(d) Age if under 18 years (if over 18 years, write "over 18")

(e) Relationship to the deceased

2. If the deceased left a Will please state:

(a) If Probate of the Will has been obtained or is intended to be obtained

(b) The name(s) and address(es) of the deceased's executors and of their solicitors (if known):

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3. If the deceased left no Will, please state:

(a) Whether or not Letters of Administration have been or are intended to be taken out in respect of the deceased's estate,.....

If so,

(b) The name(s) and address(es) of the deceased's administrators or intended administrators and of their solicitors (if known):

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4. If Probate of the Will or Letters of Administration have not been or are not intended to be obtained please give the full name(s) and address(es) of the following living relative(s) of the deceased:

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Signed

Verified

Date

To: Director of Finance

From:

Address:

Name of deceased:

Hospital No: Date of death:

IN CONSIDERATION of your paying to me the sum of £ and/or your handing over to me the property listed below, being the assets now in your hands of the estate of the above-named deceased I HEREBY UNDERTAKE to indemnify you and keep you indemnified against all actions, proceedings, claims of demands whatsoever which may be taken or made against you by any person claiming to be interested in the estate of the above-named deceased or otherwise and against any costs or expenses whatsoever which may be incurred or become payable in respect thereof.

LIST OF PROPERTY HANDED OVER

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Signed

Witness

Relationship to deceased

Name

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Address

Date

Occupation