

## Form 85 0030

Audit Division PO Box 47474 Olympia WA, 98504-7474

## **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	s name					
First:	Midd	lle: Last:		Social Secu	urity number:	
Last known street address and city:						
State:	Zip code:	Date of de	ath:			
Informant'	's name					
First:		Middle	e: Last:			
Mailing address	s:					
City:				State:	Zip code:	
Phone:		Ema	il:			
<b>Assets</b> List type (bank accounts, cash, stocks, bonds, real property, personal effects, vehicles, collections, home						
furnishings, jewelry, other) and value:						
Brief description of asset						Value of items
<b>Debts</b> List type (funeral costs, medical bills, credit card debt, mortgages, car loans, other) and amount:						
Brief description of asset						Value of items
<b>Relationship</b> 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.

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

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