



THE STATE BAR OF CALIFORNIA
Member Services Center
 180 Howard Street · San Francisco, CA 94105-1617
 (888) 800-3400 · msc@calbar.ca.gov

FOR OFFICIAL STATE BAR USE ONLY

Transfer of Estate Planning Documents

1) MEMBER INFORMATION

Member Number: _____ Member Name: _____

Status: Deceased Retired Other: _____

2) DISPOSITION OF RECORDS

I hereby notify the State Bar of California that the above named attorney is no longer practicing law in the field of Estate Planning and has transferred documents to:

Attorney Named Below

OR

Clerk of the Superior Court of the County of the Depositor's last known domicile

Specify County(ies): _____

Signature:

Date: _____

E-mail: _____ Phone: _____

3) DECLARATION OF RECEIPT

I hereby notify the State Bar of California that I have accepted custody of the Estate Planning documents of the above named attorney. I agree that the State Bar may release this information to the public upon request.

Signature:

Date: _____

Member Name: _____ Member Number: _____

4) SUBMISSION INFORMATION

Attach List of Depositors (clients who have deposited estate planning with the attorney). The list must include the client's name and last known address.

FAX TO:
(415) 538-2576

OR

MAIL TO:
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