

Instructions for Completing the California Small Estate Affidavit

Use this form to complete the MPI Health Plan affairs of a Participant who has died without naming a personal representative or successor.

You Must complete the form and follow its directions in full, otherwise the Plan cannot accept your Affidavit.

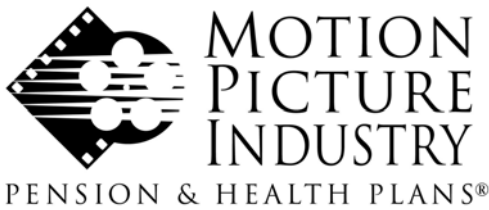
Affiant – The name of the affiant, the one who signs the affidavit, must be printed in the blank.

- The first sentence of **paragraph 2** calls for the date and place of the decedent's death.
- Under **paragraph 3**, the Affiant cannot complete and present the Affidavit unless the decedent has been deceased for at least 40 days.
- The Affidavit specifically describes the **property being transferred** to the successor as “all claims the decedent had under the Motion Picture Industry Health Plan.”
- **The Affidavit must be signed and notarized, and an original death certificate must be attached to it.**
- **Multiple successors are permitted**, in which case the Affidavit can be changed throughout to reflect multiple Affiants signing the one Affidavit.
- The name to be inserted in **paragraph 7** is the same as the name of the person signing the Affidavit, who must be the person claiming to be the successor to the decedent.
- Successors to **out-of-state decedents** for whom probate or intestacy proceedings are not pending, and who did not have trusts or HIPAA personal representatives, should seek counsel to prepare their state's version of the attached Affidavit.

In addition, the MPI Health Plan must receive a copy of one of the following forms of identification from the person presenting the Affidavit:

1. A current California Driver's license, or an expired California driver's license issued within five years before the date of the Affidavit.
2. A current U.S. passport, or an expired U.S. passport issued within five years before the date of the Affidavit.
3. Any of the following documents if the document is current or issued within five years before the date of the Affidavit, contains a photograph and physical description of the person named on it, is signed by the person and bears a serial number:
 - A foreign passport stamped by the US INS
 - A driver's license issued by a state other than California
 - An ID card issued by a state other than California
 - An ID card issued by any branch of the US Armed Forces.

**IF YOU HAVE QUESTIONS ABOUT THIS FORM, CALL THE PLAN OFFICE AT
818 OR 310.769.0007, EXT. 106**



AFFIDAVIT PURSUANT TO CALIFORNIA PROBATE CODE SECTION 13100

_____ (the "Affiant"), being duly sworn, deposes and says:

1. The decedent's name is _____.
2. The decedent died on _____, 20__, at _____.

The decedent was domiciled in the County of _____, State of California at the time of the decedent's death.

3. At least 40 days have elapsed since the death of the decedent, as shown in the certified copy of the death certificate, which is attached as Exhibit "A" to this affidavit.
4. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
5. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars (\$100,000).

6. The property of the decedent that is to be transferred to the Affiant (the "Described Property") is:

All claims the decedent had under the Motion Picture Industry Health Plan

7. The name of the successor of the decedent is _____.
8. The Affiant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the Described Property.
9. No other person has a superior right to the interest of the decedent in the Described Property.
10. The Affiant requests that the Described Property be paid, delivered or transferred to the Affiant.
11. The Affiant affirms under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

**RETURN FULLY COMPLETED FORM TO THE MPI HEALTH PLAN OFFICE:
CLAIMS REVIEW UNIT—MPI HEALTH PLAN
P.O. Box 1999
STUDIO CITY, CA 91614-0999**

