



THE STATE BAR OF CALIFORNIA
Membership Records
 180 Howard Street · San Francisco, CA 94105-1639
 (888) 800-3400 · memrec@calbar.ca.gov

FOR OFFICIAL USE ONLY

Transfer of Estate Planning Documents

1) MEMBER INFORMATION _____

Member Number: _____ Member Name _____

Status: Deceased Retired Other _____

2) DISPOSTION OF RECORDS _____

I Herby 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

County Clerk of Client's Residence Specify County(ies) _____

Signature:

Date:
 (M M D D Y Y)

Phone: _____

E-mail: _____

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:
 (M M D D Y Y)

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 clients name and last known address.

Mail To:

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