



**THE STATE BAR OF CALIFORNIA**  
**Member Services Center**  
 180 Howard Street · San Francisco, CA 94105-1639  
 (888) 800-3400 · msc@calbar.ca.gov

FOR OFFICIAL USE ONLY  
**TED**

**Transfer of Estate Planning Documents**

**1) MEMBER INFORMATION** \_\_\_\_\_

**Member Number:** \_\_\_\_\_ **Member Name** \_\_\_\_\_

**Status:**  Deceased  Retired  Other \_\_\_\_\_

**2) DISPOSITION 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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