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THIRD PARTY DISPOSITION OF INDIGENT DECEASED APPLICATION

DECEASED INFORMATION

Full Name : _____
(FIRST MIDDLE LAST)

Date Of Birth : ____/____/____ **Gender** : ☐ Male ☐ Female

Address : _____

Date Of Death : ____/____/____

Social Security Number : _____ **Name of Mortuary** : _____

Marital Status : ☐ Single ☐ Married ☐ Divorce ☐ Widowed ☐ Separated

How long had the deceased previously resided in Cassia County?

From : _____ **To** : _____

U.S. Citizen : ☐ Yes ☐ No **Veteran** : ☐ Yes ☐ No

Legal Alien : ☐ Yes ☐ No **Type of Discharge** : _____

Other : _____

Does the Deceased have an interest in

Bank Accounts : ☐ Yes ☐ No **Real Estate** : ☐ Yes ☐ No

Life Insurance Policy : ☐ Yes ☐ No **Retirement Accounts** : ☐ Yes ☐ No

Vehicles : ☐ Yes ☐ No **Any other Assets** : ☐ Yes ☐ No

Will there be a probate? : ☐ Yes ☐ No

Deceased Next of Kin

Name : _____ **Phone Number** : _____

Relationship : _____

Additional Notes / Information : _____

THIRD PARTY APPLICATION SUBMITTED BY

Name : _____

Relationship to Deceased : _____

Phone Number : _____

More Information :

1459 Overland Ave RM 105

208-878-5240

https://www.cassia.gov/SocialServices