



**THE STATE BAR OF CALIFORNIA**  
**Attorney Regulation & Consumer Resources**  
**180 Howard Street · San Francisco, CA 94105-1617**  
**(888) 800-3400 · [AttorneyRegulation@calbar.ca.gov](mailto:AttorneyRegulation@calbar.ca.gov)**

FOR OFFICIAL STATE BAR USE ONLY

## Transfer of Estate Planning Documents

### 1) ATTORNEY INFORMATION

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State Bar Number: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Status:      Deceased      Retired      Other:

### 2) DISPOSITION OF RECORDS

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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

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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:** \_\_\_\_\_

Attorney Name: \_\_\_\_\_

State Bar Number: \_\_\_\_\_

### 4) SUBMISSION INFORMATION

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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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