## Form 3701—General Information (Registration of Claim for Use of Deceased Individual's Name, Voice, Signature, Photograph, or Likeness)

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.* 

## Commentary

Chapter 26 of the Texas Property Code and the secretary of state's administrative rules found in title 1, chapter 76 of the Texas Administrative Code govern the use of a deceased individual's property rights, including the deceased individual's name, voice, signature, photograph, or likeness. A person who claims to own a property right of a deceased individual may register that claim with the secretary of state. Registration of a claim is prima facie evidence of the claim's validity, and a registered claim is generally superior to a conflicting, unregistered claim. Tex. Prop. Code § 26.007.

Registration with the secretary of state prior to exercising a property right of a deceased individual is optional, except during the first year following the individual's death. For the first year following the death of the individual, an owner of a property right may exercise that right only if the owner registers a valid claim with the secretary of state. Section 26.006 sets forth the requirements for a registration of claim.

A registration of claim is effective the date the completed registration and filing fee are received by the secretary of state.

## **Instructions for Form**

• **Claimant Information:** The registration of claim must set forth the claimant's name, address, and a statement of the basis of the claim.

A document on file with the secretary of state is a public record subject to public access and disclosure. When providing address information for owners, use a business or post office box address rather than a residence address if privacy concerns are an issue.

- **Property Rights Claimed:** Include the name and date of death of the deceased individual and state the percentage interest in the property rights claimed, such as 100%, 50%, 25%, or some other interest. Select either A or B to indicate whether the stated percentage interest is claimed in all property rights of the deceased individual or limited rights. If B is selected, describe the limited rights that are claimed.
- **Execution:** The claimant must sign and date the registration statement before a notary public or other official who has authority to administer an oath.
- **Payment and Delivery Instructions:** The filing fee for a registration of claim is **\$25.** Fees may be paid by personal checks, money orders, LegalEase debit cards or American Express, Discover, MasterCard, and Visa credit cards. Checks or money orders must be payable through a U.S. bank or financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7 percent of the total fees.

The completed form, along with the filing fee, may be mailed to Registrations Unit, P.O. Box 13550, Austin, Texas 78711-3550 or delivered to the James Earl Rudder Office Building, 1019 Brazos, 5<sup>th</sup> Floor, Austin, Texas 78701.

Revised 02/2012

Form #3701 Rev. 02/2012	This space reserved for office use
Submit to: SECRETARY OF STATE Registrations Unit P O Box 13550 Austin, TX 78711-3550 512-475-0775 512-475-2815 - Fax Filing Fee: \$25	REGISTRATION OF CLAIM FOR USE OF DECEASED INDIVIDUAL'S NAME, VOICE, SIGNATURE, PHOTOGRAPH, OR LIKENESS
Claimant Information	
Name:	
Address:	
Street	City State Zip
Complete one of the following to state the	basis for the claim:
Select title: independent e temporary or p B. Claimant is a surviving relat Select relationship: spouse	e $\Box$ child $\Box$ grandchild $\Box$ parent ed the property rights of the deceased individual.
Property Rights Claimed	
Name of deceased individual:	
Date of death:	Percentage of property rights claimed: %
	type of rights in which the above percentage is claimed:
	of the deceased individual are claimed.
	s follows:
	5 10110 w 5.
Date:	Execution
	Signature of Claimant
	Printed or typed name of Claimant
State of) County of)	
•	e this day of, 20
(seal)	
	Notary Public Signature