

PROBATE FORMS PACKET

What you will find in this packet:

- **Petition for Probate (DE-111)**
- **Notice of Petition to Administer Estate* (DE-121)**
- **Order for Probate (DE-140)**
- **Duties and Liabilities of Personal Representative (DE-147)**
- **Letters (DE-150)**
- **Proof of Subscribing Witness (DE-131)**
- **Proof of Holographic Instrument (DE-135)**
- **Inventory and Appraisal (DE-160/GC-040)**
- **Inventory and Appraisal Attachment (DE-161/GC-041)**
- **Notice of Hearing-Decedent's Estate or Trust (DE-120)**
- **Notice of Administration to Creditors (DE-157)**
- **Allowance or Rejection of Creditor's Claim (DE-174)**
- **Notice of Proposed Action (DE-165)**
- **Waiver of Notice of Proposed Action (DE-166)**

You Can Get Court Forms FREE at: www.cc-courts.org/forms

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
ESTATE OF (name): DECEDENT			
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed <input type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">HEARING DATE AND TIME:</td> <td style="width:30%; padding: 2px;">DEPT.:</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:
HEARING DATE AND TIME:	DEPT.:		

1. Publication will be in (specify name of newspaper):

- a. Publication requested.
- b. Publication to be arranged.

2. **Petitioner** (name each):

requests that

- a. decedent's will and codicils, if any, be admitted to probate.
- b. (name): be appointed
 - (1) executor
 - (2) administrator with will annexed
 - (3) administrator
 - (4) special administrator with general powers and Letters issue upon qualification.
- c. full limited authority be granted to administer under the Independent Administration of Estates Act.
- d. (1) bond not be required for the reasons stated in item 3e.
 (2) \$ _____ bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code, § 8482.)
 (3) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):

3. a. Decedent died on (date): _____ at (place): _____

- (1) a resident of the county named above.
- (2) a nonresident of California and left an estate in the county named above located at (specify location permitting publication in the newspaper named in item 1): _____

- b. Decedent was a citizen of a country other than the United States (specify country): _____
- c. Street address, city, and county of decedent's residence at time of death (specify): _____

PETITION FOR PROBATE
(Probate—Decedents Estates)

- (3) resident of the United States.
- (4) nonresident of the United States.

- (1) resident of California.
- (2) nonresident of California (specify permanent address):

- h. Proposed personal representative is a
- (3) Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3g(3).)
 - (4) Proposed personal representative would be a successor personal representative.
- (a) Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3g(2)(a).)
- (b) Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(2)(b).)
- (c) Petitioner is related to the decedent as (specify):
- (2) Appointment of administrator:
- Continued in Attachment 3g(1)(d).

- (a) Proposed executor is named as executor in the will and consents to act.
- (b) No executor is named in the will.
- (c) Proposed personal representative is a nominee of a person entitled to Letters.
- (d) Other named executors will not act because of death declination other reasons (specify):

- (1) Appointment of executor or administrator with will annexed:
- Appointment of personal representative** (check all applicable boxes):

- (3) The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)
 - The will and all codicils are self-proving (Prob. Code, § 8220).
- are affixed as Attachment 3f(2). (Include typed copies of handwritten documents and English translations of foreign-language documents.)

- f. Copy of decedent's will dated:
- (1) Decedent died intestate.
- (2) Copy of decedent's will dated: codicil dated (specify for each):
- (3) All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) Sole personal representative is a corporate fiduciary or an exempt government agency.
- (1) Will waives bond. Special administrator is the named executor, and the will waives bond.
- (2) All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)

- e. (1) Will waives bond. Special administrator is the named executor, and the will waives bond.
- (2) All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)
- (3) All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) Sole personal representative is a corporate fiduciary or an exempt government agency.
- (1) Decedent died intestate.
- (2) Copy of decedent's will dated: codicil dated (specify for each):
- (3) The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)
- (1) Appointment of executor or administrator with will annexed:
- Appointment of personal representative** (check all applicable boxes):
- (a) Proposed executor is named as executor in the will and consents to act.
 - (b) No executor is named in the will.
 - (c) Proposed personal representative is a nominee of a person entitled to Letters.
 - (d) Other named executors will not act because of death declination other reasons (specify):

3. d. **Character and estimated value of the property of the estate** (complete in all cases):

ESTATE OF (name):	DECEDENT
CASE NUMBER:	

ESTATE OF (name):

CASE NUMBER:

DECEDENT

4. Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) spouse.
- (2) no spouse as follows:
- (a) divorced or never married.
- (b) spouse deceased.
- (3) registered domestic partner.
- (4) no registered domestic partner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
- (5) child as follows:
- (a) natural or adopted.
- (b) natural adopted by a third party.
- (6) no child.
- (7) issue of a predeceased child.
- (8) no issue of a predeceased child.
- b. Decedent was was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the **first** box that applies):
- a. Decedent was survived by a parent or parents who are listed in item 8.
- b. Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
- c. Decedent was survived by a grandparent or grandparents who are listed in item 8.
- d. Decedent was survived by issue of grandparents, all of whom are listed in item 8.
- e. Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- f. Decedent was survived by next of kin, all of whom are listed in item 8.
- g. Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
- h. Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. Decedent had no predeceased spouse.
- b. Decedent had a predeceased spouse who
- (1) died not more than 15 years before decedent and who owned an interest in **real property** that passed to decedent,
- (2) died not more than five years before decedent and who owned **personal property** valued at \$10,000 or more that passed to decedent, (If you checked (1) or (2), check only the **first** box that applies):
- (a) Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- (b) Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
- (c) Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
- (d) Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
- (e) Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
- (3) neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

**PETITION FOR PROBATE
(Probate—Decedent's Estates)**

Signatures of additional petitioners follow last attachment.

(TYPE OR PRINT NAME OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

Date:

(SIGNATURE OF PETITIONER)

(SIGNATURE OF PETITIONER)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

(TYPE OR PRINT NAME OF ATTORNEY)

Date:

(SIGNATURE OF ATTORNEY) *

9. Number of pages attached: _____

Continued on Attachment 8.

<p>ESTATE OF (name):</p> <p>CASE NUMBER:</p>	<p>DECEDENT</p> <p>Name and relationship to decedent</p> <p>Age</p> <p>Address</p>
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ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name)</i> : _____ <div style="text-align: right;">DECEDENT</div>	
NOTICE OF PETITION TO ADMINISTER ESTATE OF <i>(Name)</i>: _____	CASE NUMBER: _____

1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of *(specify all names by which the decedent was known)*:

2. A **Petition for Probate** has been filed by *(name of petitioner)*:
in the Superior Court of California, County of *(specify)*:
3. The Petition for Probate requests that *(name)*:
be appointed as personal representative to administer the estate of the decedent.
4. The petition requests the decedent's will and codicils, if any, be admitted to probate. The will and any codicils are available for examination in the file kept by the court.
5. The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
6. **A hearing on the petition will be held in this court as follows:**

a. Date:	Time:	Dept.:	Room:
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- b. Address of court: same as noted above other *(specify)*:

7. **If you object** to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.
8. **If you are a creditor or a contingent creditor of the decedent**, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.
Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.
9. **You may examine the file kept by the court.** If you are a person interested in the estate, you may file with the court a *Request for Special Notice* (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A *Request for Special Notice* form is available from the court clerk.
10. Petitioner Attorney for petitioner *(name)*:

(Address):

(Telephone):

NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

NOTICE OF PETITION TO ADMINISTER ESTATE
(Probate—Decedents' Estates)



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Order (form MC-410). (Civil Code section 54.8.)

Continued on an attachment: (You may use form DE-121(MA) to show additional persons served.)

6.		
5.		
4.		
3.		
2.		
1.		

Name of person served _____
Address (number, street, city, state, and zip code) _____

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) _____
(SIGNATURE OF PERSON COMPLETING THIS FORM) _____

Date: _____

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify): _____
3. I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
 - a. **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____
b. Place mailed (city, state): _____
5. I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PROOF OF SERVICE BY MAIL

ESTATE OF (Name): _____	DECEDENT _____
CASE NUMBER: _____	

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (<i>Name</i>):		DECEDENT
ORDER FOR PROBATE ORDER APPOINTING <input type="checkbox"/> Executor <input type="checkbox"/> Administrator with Will Annexed <input type="checkbox"/> Administrator <input type="checkbox"/> Special Administrator <input type="checkbox"/> Order Authorizing Independent Administration of Estate <input type="checkbox"/> with full authority <input type="checkbox"/> with limited authority		CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.		

1. Date of hearing: _____ Time: _____ Dept./Room: _____ Judge: _____

THE COURT FINDS

2. a. All notices required by law have been given.
b. Decedent died on (*date*):
(1) a resident of the California county named above.
(2) a nonresident of California and left an estate in the county named above.
c. Decedent died
(1) intestate
(2) testate
and decedent's will dated: _____ and each codicil dated:
was admitted to probate by Minute Order on (*date*): _____

THE COURT ORDERS

3. (*Name*):
is appointed **personal representative**:
a. executor of the decedent's will
b. administrator with will annexed
c. administrator
d. special administrator
(1) with general powers
(2) with special powers as specified in Attachment 3d(2)
(3) without notice of hearing
(4) letters will expire on (*date*): _____
- and letters shall issue on qualification.
4. a. **Full authority** is granted to administer the estate under the Independent Administration of Estates Act.
b. **Limited authority** is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
5. a. Bond is not required.
b. Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
c. Deposits of: \$ _____ are ordered to be placed in a blocked account at (*specify institution and location*): _____ and receipts shall be filed. No withdrawals shall be made without a court order. Additional orders in Attachment 5c.
d. The personal representative is not authorized to take possession of money or any other property without a specific court order.
6. (*Name*): _____ is appointed probate referee.

Date: _____

JUDGE OF THE SUPERIOR COURT

7. Number of pages attached: _____ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (<i>Name</i>): _____	DECEDENT
DUTIES AND LIABILITIES OF PERSONAL REPRESENTATIVE and Acknowledgment of Receipt	CASE NUMBER: _____

DUTIES AND LIABILITIES OF PERSONAL REPRESENTATIVE

When the court appoints you as personal representative of an estate, you become an officer of the court and assume certain duties and obligations. An attorney is best qualified to advise you about these matters. You should understand the following:

1. MANAGING THE ESTATE'S ASSETS

a. Prudent investments

You must manage the estate assets with the care of a prudent person dealing with someone else's property. This means that you must be cautious and may not make any speculative investments.

b. Keep estate assets separate

You must keep the money and property in this estate separate from anyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is an estate account and not your personal account. Never deposit estate funds in your personal account or otherwise mix them with your or anyone else's property. Securities in the estate must also be held in a name that shows they are estate property and not your personal property.

c. Interest-bearing accounts and other investments

Except for checking accounts intended for ordinary administration expenses, estate accounts must earn interest. You may deposit estate funds in insured accounts in financial institutions, but you should consult with an attorney before making other kinds of investments.

d. Other restrictions

There are many other restrictions on your authority to deal with estate property. You should not spend any of the estate's money unless you have received permission from the court or have been advised to do so by an attorney. You may reimburse yourself for official court costs paid by you to the county clerk and for the premium on your bond. Without prior order of the court, you may not pay fees to yourself or to your attorney, if you have one. If you do not obtain the court's permission when it is required, you may be removed as personal representative or you may be required to reimburse the estate from your own personal funds, or both. You should consult with an attorney concerning the legal requirements affecting sales, leases, mortgages, and investments of estate property.

2. INVENTORY OF ESTATE PROPERTY

a. Locate the estate's property

You must attempt to locate and take possession of all the decedent's property to be administered in the estate.

b. Determine the value of the property

You must arrange to have a court-appointed referee determine the value of the property unless the appointment is waived by the court. You, rather than the referee, must determine the value of certain "cash items." An attorney can advise you about how to do this.

c. File an inventory and appraisal

Within four months after Letters are first issued to you as personal representative, you must file with the court an inventory and appraisal of all the assets in the estate.

CONFIDENTIAL INFORMATION: If required to do so by local court rule, you must provide your date of birth and driver's license number on supplemental Form DE-147S. (Prob. Code, § 8404(b).)

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date:

- 1. I have petitioned the court to be appointed as a personal representative.
- 2. My address and telephone number are (specify):
- 3. I acknowledge that I have received a copy of this statement of the duties and liabilities of the office of personal representative.

ACKNOWLEDGMENT OF RECEIPT

NOTICE: 1. This statement of duties and liabilities is a summary and is not a complete statement of the law. Your conduct as a personal representative is governed by the law itself and not by this summary. 2. If you fail to perform your duties or to meet the deadlines, the court may reduce your compensation, remove you from office, and impose other sanctions.

If you have an attorney, you should cooperate with the attorney at all times. You and your attorney are responsible for completing the estate administration as promptly as possible. When in doubt, contact your attorney.

6. CONSULTING AN ATTORNEY

- a. **Keep accounts** You must keep complete and accurate records of each financial transaction affecting the estate. You will have to prepare an account of all money and property you have received, what you have spent, and the date of each transaction. You must describe in detail what you have left after the payment of expenses.
- b. **Court review** Your account will be reviewed by the court. Save your receipts because the court may ask to review them. If you do not file your accounts as required, the court will order you to do so. You may be removed as personal representative if you fail to comply.

5. RECORD KEEPING

You should determine that there is appropriate and adequate insurance covering the assets and risks of the estate. Maintain the insurance in force during the entire period of the administration.

4. INSURANCE

You must mail a notice of administration to each known creditor of the decedent within four months after your appointment as personal representative. If the decedent received Medi-Cal assistance, you must notify the State Director of Health Services within 90 days after appointment.

3. NOTICE TO CREDITORS

At the time you file the inventory and appraisal, you must also file a change of ownership statement with the county recorder or assessor in each county where the decedent owned real property at the time of death, as provided in section 480 of the California Revenue and Taxation Code.

d. File a change of ownership

ESTATE OF (Name):	DECEDENT
CASE NUMBER:	

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (<i>Name</i>):	DECEDENT	
PROOF OF SUBSCRIBING WITNESS		CASE NUMBER:

1. I am one of the attesting witnesses to the instrument of which Attachment 1 is a photographic copy. I have examined Attachment 1 and my signature is on it.
 - a. The name of the decedent was signed in the presence of the attesting witnesses present at the same time by
 - (1) the decedent personally.
 - (2) another person in the decedent's presence and by the decedent's direction.
 - b. The decedent acknowledged in the presence of the attesting witnesses present at the same time that the decedent's name was signed by
 - (1) the decedent personally.
 - (2) another person in the decedent's presence and by the decedent's direction.
 - c. The decedent acknowledged in the presence of the attesting witnesses present at the same time that the instrument signed was decedent's
 - (1) will.
 - (2) codicil.
2. When I signed the instrument, I understood that it was decedent's will codicil.
3. I have no knowledge of any facts indicating that the instrument, or any part of it, was procured by duress, menace, fraud, or undue influence.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF WITNESS)

.....
 (ADDRESS)

ATTORNEY'S CERTIFICATION

(Check local court rules for requirements for certifying copies of wills and codicils)

I am an active member of The State Bar of California. I declare under penalty of perjury under the laws of the State of California that Attachment 1 is a photographic copy of every page of the will codicil presented for probate.

Date:

.....
 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name):</i> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF <i>(Name):</i>	DECEDENT	
PROOF OF HOLOGRAPHIC INSTRUMENT		CASE NUMBER:

1. I was acquainted with the decedent for the following number of years *(specify)*:
2. I was related to the decedent as *(specify)*:
3. I have personal knowledge of the decedent's handwriting which I acquired as follows:
 - a. I saw the decedent write.
 - b. I saw a writing purporting to be in the decedent's handwriting and upon which decedent acted or was charged. It was *(specify)*:
 - c. I received letters in the due course of mail purporting to be from the decedent in response to letters I addressed and mailed to the decedent.
 - d. Other *(specify other means of obtaining knowledge)*:
4. I have examined the attached copy of the instrument, and its handwritten provisions were written by and the instrument was signed by the hand of the decedent. *(Affix a copy of the instrument as Attachment 4.)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME)

.....
 (ADDRESS)

▶

(SIGNATURE)

ATTORNEY'S CERTIFICATION

(Check local court rules for requirements for certifying copies of wills and codicils)

I am an active member of The State Bar of California. I declare under penalty of perjury under the laws of the State of California that Attachment 4 is a photographic copy of every page of the holographic instrument presented for probate.

Date:

.....
 (TYPE OR PRINT NAME)

▶

(SIGNATURE OF ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i> <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
<div style="text-align: center;">INVENTORY AND APPRAISAL</div> <input type="checkbox"/> Partial No.: <input type="checkbox"/> Corrected <input type="checkbox"/> Final <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Supplemental <input type="checkbox"/> Property Tax Certificate	CASE NUMBER: Date of Death of Decedent or of Appointment of Guardian or Conservator:

APPRAISALS

1. Total appraisal by representative, guardian, or conservator (Attachment 1): \$
2. Total appraisal by referee (Attachment 2): \$
- TOTAL: \$**

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

3. Attachments 1 and 2 together with all prior inventories filed contain a true statement of
 all a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 1.
4. No probate referee is required by order of the court dated *(specify):*
5. **Property tax certificate.** I certify that the requirements of Revenue and Taxation Code section 480
 a. are not applicable because the decedent owned no real property in California at the time of death.
 b. have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California in which the decedent owned property at the time of death.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)		_____ (SIGNATURE)
---	--	----------------------

STATEMENT ABOUT THE BOND

(Complete in all cases. Must be signed by attorney for fiduciary, or by fiduciary without an attorney.)

6. Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government agency.
7. Bond filed in the amount of: \$ _____ Sufficient Insufficient
8. Receipts for: \$ _____ have been filed with the court for deposits in a blocked account at *(specify institution and location):*

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)
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1. See Probate Code section 8850 for items to be included in the inventory.
2. If the minor or conservatee is or has been during the guardianship or conservatorship confined in a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services, mail a copy to the director of the appropriate department in Sacramento. (Prob. Code, § 2611.)
3. The representative, guardian, conservator, or small estate claimant shall list on Attachment 1 and appraise as of the date of death of the decedent or the date of appointment of the guardian or conservator, at fair market value, moneys, currency, cash items, bank accounts and amounts on deposit with each financial institution (as defined in Probate Code section 40), and the proceeds of life and accident insurance policies and retirement plans payable upon death in lump sum amounts to the estate, except items whose fair market value is, in the opinion of the representative, an amount different from the ostensible value or specified amount.
4. The representative, guardian, conservator, or small estate claimant shall list in Attachment 2 all other assets of the estate which shall be appraised by the referee.
5. If joint tenancy and other assets are listed for appraisal purposes only and not as part of the probate estate, they must be separately listed on additional attachments and their value excluded from the total valuation of Attachments 1 and 2.
6. Each attachment should conform to the format approved by the Judicial Council. (See *Inventory and Appraisal Attachment* (form DE-161/GC-041) and Cal. Rules of Court, rules 2.100—2.119.)

INSTRUCTIONS

(See Probate Code sections 2610-2616, 8801, 8804, 8852, 8905, 8960, 8961, and 8963 for additional instructions.)

 (TYPE OR PRINT NAME)

 (SIGNATURE OF REFEREE)



Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

TOTAL: \$

Expenses (specify): \$

Statutory commission: \$

9. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 2.
10. A true account of my commission and expenses actually and necessarily incurred pursuant to my appointment is:

DECLARATION OF PROBATE REFEREE

ESTATE OF (Name):	<input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR
CASE NUMBER:	

ESTATE OF (Name):
_____CASE NUMBER:
_____**INVENTORY AND APPRAISAL
ATTACHMENT NO.: _____**

*(In decedents' estates, attachments must conform to Probate
Code section 8850(c) regarding community and separate property.)*

Page: _____ of: _____ total pages.
(Add pages as required.)

<u>Item No.</u>	<u>Description</u>	<u>Appraised value</u>
1.		\$

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> IN THE MATTER OF (name): <input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	
NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST	
CASE NUMBER:	
<p><i>This notice is required by law. You are not required to appear in court, but you may attend the hearing and object or respond if you wish. If you do not respond or attend the hearing, the court may act on the filing without you.</i></p>	

1. NOTICE is given that (name):
 (fiduciary or representative capacity, if any):
 has filed a petition, application, report, or account (specify complete title and briefly describe):*

The filing is a report of the status of a decedent's estate administration made under Probate Code section 12200. See the NOTICE below.
 Please refer to the filed documents for more information about the case. (Some documents filed with the court are confidential.)

2. A HEARING on the matter described in 1 will be held as follows:

<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin: 0 auto;"> Hearing Date </div>	Date: Dept.:	Time: Room:	Name and address of court, if different from above:
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NOTICE

If the filing described in 1 is a report of the status of a decedent's estate administration made under Probate Code section 12200, YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNTING UNDER SECTION 10950 OF THE PROBATE CODE.

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (). (Civ. Code, § 54.8.)

* Do not use this form to give notice of a petition to administer an estate (see Prob. Code, § 8100, and use form DE-121), notice of a hearing in a guardianship or conservatorship case (see Prob. Code, §§ 1511 and 1822, and use form GC-020), or notice of a hearing on a petition to determine a claim to property (see Prob. Code, § 851, and use form DE-115/GC-015).



NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST

* Do not use this form for proof of personal service. You may use form DE-120(P) to prove personal service of this Notice. Continued on an attachment. (You may use Attachment to Notice of Hearing Proof of Service by Mail, form DE-120(MA)/GC-020(MA), for this purpose.)

Table with 5 rows and 2 columns. Rows are numbered 1 to 5 on the right. The left column is labeled 'Name' and the right column is labeled 'Address (street & number, city, state, zip code)'.

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

(SIGNATURE)

(TYPE OR PRINT NAME)



Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

5. I served with the Notice of Hearing—Decedent's Estate or Trust a copy of the petition or other document referred to in item 1 of the Notice.

- 4. a. Date mailed:
b. Place mailed (city, state):

b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.

- 3. I served the foregoing Notice of Hearing—Decedent's Estate or Trust on each person named below by enclosing a copy in an envelope addressed as shown below AND
a. depositing the sealed envelope on the date and at the place shown in item 4 with the U.S. Postal Service with the postage fully prepaid.

3. I served the foregoing Notice of Hearing—Decedent's Estate or Trust on each person named below by enclosing a copy in an envelope addressed as shown below AND

- 2. My residence or business address is (specify):
1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.

PROOF OF SERVICE BY MAIL*

Date: Clerk, by Deputy

b. was posted on (date):

- 2. A copy of the foregoing Notice of Hearing—Decedent's Estate or Trust
a. was posted at (address):
1. I certify that I am not a party to this cause.

CLERK'S CERTIFICATE OF POSTING

Form with fields for 'ESTATE OF (name):', 'IN THE MATTER OF (name):', 'CASE NUMBER:', and checkboxes for 'DECEDENT', 'TRUST', and 'OTHER'.

**NOTICE OF ADMINISTRATION
OF THE ESTATE OF**

(NAME)

DECEDENT

NOTICE TO CREDITORS

1. (Name):

(Address):

(Telephone):

is the **personal representative** of the **ESTATE OF** (name): _____, who is deceased.

2. The personal representative HAS BEGUN ADMINISTRATION of the decedent's estate in the

a. **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** (specify):

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

b. Case number (specify):

3. You must **FILE YOUR CLAIM** with the court clerk (address in item 2a) AND mail or deliver a copy to the personal representative before the **last to occur** of the following dates:

a. **four months** after (date): , the date letters (authority to act for the estate) were first issued to a general personal representative, as defined in subdivision (b) of section 58 of the California Probate Code, **OR**

b. **60 days** after (date): , the date this notice was mailed or personally delivered to you.

4. **LATE CLAIMS:** If you do not file your claim within the time required by law, you must file a petition with the court for permission to file a late claim as provided in Probate Code section 9103. Not all claims are eligible for additional time to file. See section 9103(a).

EFFECT OF OTHER LAWS: Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.

WHERE TO GET A CREDITOR'S CLAIM FORM: If a *Creditor's Claim* (form DE-172) did not accompany this notice, you may obtain a copy of the form from any superior court clerk or from the person who sent you this notice. You may also access a fillable version of the form on the Internet at www.courts.ca.gov/forms under the form group Probate—Decedents' Estates. A letter to the court stating your claim is *not* sufficient.

FAILURE TO FILE A CLAIM: Failure to file a claim with the court and serve a copy of the claim on the personal representative will in most instances invalidate your claim.

IF YOU MAIL YOUR CLAIM: If you use the mail to file your claim with the court, for your protection you should send your claim by certified mail, with return receipt requested. If you use the mail to serve a copy of your claim on the personal representative, you should also use certified mail.

Note: To assist the creditor and the court, please send a blank copy of the *Creditor's Claim* form with this notice.

(Proof of Service by Mail on reverse)

Page 1 of 2

NOTICE OF ADMINISTRATION TO CREDITORS
(Probate—Decedents' Estates)

*** NOTE:** To assist the creditor and the court, please send a blank copy of the Creditor's Claim (form DE-172) with the notice. List of names and addresses continued in attachment. (You may use form POS-30(P) to show additional persons to whom a copy of this notice was mailed. Do not use page 2 of this form or form POS-030(P) to show that you personally delivered a copy of this notice to a creditor. You may use forms POS-020 and POS-020(P) for that purpose.)

8.		
7.		
6.		
5.		
4.		
3.		
2.		
1.		

Name of person Address (number, street, city, state, and zip code)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

4. a. Date of deposit:

b. Place of deposit (city and state):

of business with the United States Postal Service in a sealed envelope with postage fully prepaid. mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business practices. I am readily familiar with the business's practice for collecting and processing correspondence for

b.

placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary

a.

depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.

3. I served the foregoing *Notice of Administration to Creditors* and a blank *Creditor's Claim form** on each person named below by enclosing a copy in an envelope addressed as shown below AND

2. My residence or business address is (specify):
1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.

PROOF OF SERVICE BY MAIL

[Optional]

ESTATE OF (Name):	DECEDENT
CASE NUMBER:	

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i>: _____</p> <p>E-MAIL ADDRESS <i>(Optional)</i>: _____</p> <p>ATTORNEY FOR <i>(Name)</i>: _____</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i> _____	DECEDENT
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	CASE NUMBER: _____

NOTE TO PERSONAL REPRESENTATIVE
 Attach a copy of the creditor's claim to this form. If approval or rejection by the court is not required, do not include any pages attached to the creditor's claim.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor *(specify)*:
 2. The claim was filed on *(date)*:
 3. Date of first issuance of letters:
 4. Date of *Notice of Administration*:
 5. Date of decedent's death:
 6. Estimated value of estate: \$
 7. Total amount of the claim: \$
 8. Claim is allowed for: \$ *(The court must approve certain claims before they are paid.)*
 9. Claim is rejected for: \$ *(A creditor has 90 days to act on a rejected claim.* See box below.)*
 10. Notice of allowance or rejection given on *(date)*:
 11. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.
- Date: _____

_____ (TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE)	_____ (SIGNATURE OF PERSONAL REPRESENTATIVE)
--	---

NOTICE TO CREDITOR ON REJECTED CLAIM

From the date that notice of rejection is given, you must act on the rejected claim (e.g., file a lawsuit) as follows:

1. **Claim due:** within 90 days* after the notice of rejection.
2. **Claim not due:** within 90 days* after the claim becomes due.

* **The 90-day period mentioned above may not apply to your claim because some claims are not treated as creditors' claims or are subject to special statutes of limitations, or for other legal reasons. You should consult with an attorney if you have any questions about or are unsure of your rights and obligations concerning your claim.**

COURT'S APPROVAL OR REJECTION

12. Approved for: \$
13. Rejected for: \$

Date: _____

SIGNATURE OF JUDICIAL OFFICER

14. Number of pages attached: _____ SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Mailing or Personal Delivery on reverse)

**ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM
(Probate—Decedents' Estates)**

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

- (3) Date delivered:
- (4) Time delivered:

- (1) Name of creditor served:
- (2) Address where delivered:

Personal delivery. I personally delivered a copy to the creditor as follows:

- (c) Date of mailing:
- (d) Place of mailing (*city and state*):

- (a) Name of creditor served:
- (b) Address on envelope:

(2) The envelope was addressed and mailed first-class as follows:

Service in a sealed envelope with postage fully prepaid.
 collection and mailing, it is deposited in the ordinary course of business with the United States Postal
 and processing correspondence for mailing. On the same day that correspondence is placed for
 following our ordinary business practices. I am readily familiar with this business's practice for collecting
 placed the envelope for collection and mailing on the date and at the place shown in items below
 deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.

- (a)
- (b)

(1) I enclosed a copy in an envelope AND

Mail. I am a resident of or employed in the county where the mailing occurred.

3. I mailed or personally delivered a copy of the *Allowance or Rejection of Creditor's Claim* as follows (*complete either a or b*):

2. My residence or business address is (*specify*):

1. At the time of mailing or personal delivery I was at least 18 years of age and **not a party** to this proceeding.

PROOF OF MAILING **PERSONAL DELIVERY** **TO CREDITOR**

	DECEDENT
ESTATE OF	(Name):
CASE NUMBER:	

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name):</i> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i> DECEDENT	
NOTICE OF PROPOSED ACTION Independent Administration of Estates Act <input type="checkbox"/> Objection <input type="checkbox"/> Consent	CASE NUMBER:

NOTICE: If you do not object in writing or obtain a court order preventing the action proposed below, you will be treated as if you consented to the proposed action and you may not object after the proposed action has been taken. If you object, the personal representative may take the proposed action only under court supervision. An objection form is on the reverse. If you wish to object, you may use the form or prepare your own written objection.

1. The personal representative (executor or administrator) of the estate of the deceased is *(names)*:

2. The personal representative has authority to administer the estate without court supervision under the Independent Administration of Estates Act (Prob. Code, § 10400 et seq.)
 - a. with **full authority** under the act.
 - b. with **limited authority** under the act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

3. **On or after** *(date)*: , the personal representative will take the following action without court supervision *(describe in specific terms here or in Attachment 3)*:
 The proposed action is described in an attachment labeled Attachment 3.

4. **Real property transaction** *(Check this box and complete item 4b if the proposed action involves a sale or exchange or a grant of an option to purchase real property.)*
 - a. The material terms of the transaction are specified in item 3, including any sale price and the amount of or method of calculating any commission or compensation to an agent or broker.
 - b. \$ _____ is the value of the subject property in the probate inventory. No inventory yet.

NOTICE: A sale of real property without court supervision means that the sale will NOT be presented to the court for confirmation at a hearing at which higher bids for the property may be presented and the property sold to the highest bidder.

(Continued on reverse)

**NOTICE OF PROPOSED ACTION
Objection—Consent
(Probate)**

(TYPE OR PRINT NAME)

(SIGNATURE OF CONSENTER)

Date:

NOTICE: You may indicate your *consent* by signing and returning this form (both sides) to the address in item 5a. If you do not object in writing or obtain a court order, you will be treated as if you consented to the proposed action.

I **CONSENT** to the action proposed in item 3.

CONSENT TO PROPOSED ACTION

(TYPE OR PRINT NAME)

(SIGNATURE OF OBJECTOR)

Date:

NOTICE: Sign and return this form (both sides) to the address in item 5a. The form must be received before the date in the box in item 3, or before the proposed action is taken, whichever is later. (You may want to use certified mail, with return receipt requested. Make a copy of this form for your records.)

I **OBJECT** to the action proposed in item 3.

OBJECTION TO PROPOSED ACTION

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE OR ATTORNEY)

Date:

7. If you need more **INFORMATION**, call (name):
(telephone):

6. If you **APPROVE the proposed action**, you may sign the consent form below and return it to the address in item 5a. If you do not object in writing or obtain a court order, you will be treated as if you consented to the proposed action.

d. **NOTE:** Your written objection or the court order must be received by the personal representative before the date in the box in item 3, or before the proposed action is taken, whichever is later. If you object, the personal representative may take the proposed action only under court supervision.

c. **Apply** to the court for an order preventing the personal representative from taking the proposed action without court supervision.

OR

b. **Send** your own written objection to the address in item 5a. (Be sure to identify the proposed action and state that you object to it.)

OR

a. **Sign** the objection form below and deliver or mail it to the personal representative at the following address (specify name and address):

5. If you **OBJECT to the proposed action**

ESTATE OF (Name):	DECEDENT
CASE NUMBER:	

WAIVER OF NOTICE OF PROPOSED ACTION
(Probate)

(TYPE OR PRINT NAME)

(SIGNATURE)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

- d. Place of mailing (*city and state*):
- c. Date of mailing:

b. Address on envelope:

a. Name of personal representative served:

2. The envelope was addressed and mailed as follows:

I am a resident of or employed in the county where the mailing occurred.
States Postal Service in a sealed envelope with postage fully prepaid.

1. I mailed a copy of the **Waiver of Notice of Proposed Action** **Revocation** to the personal representative by **depositing** the envelope for collection and mailing on the date and place below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid **or** **placing** the envelope for collection and mailing on the date and place below following our ordinary business practices. I am readily familiar with this business' practice for collecting and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

PROOF OF SERVICE BY MAIL

(Mail or deliver this revocation to the personal representative at the address in item 1 on the reverse. Keep a copy for your records.)

My address is (*type or print*):

(TYPE OR PRINT NAME)

(SIGNATURE)

Date:

3. I request the personal representative to send me all notices required by law.

of the decedent.

2. I **revoke** (cancel) any previous waiver of my right to receive notices of proposed actions by the personal representative of the estate

Administration of Estates Act.

1. I previously signed a waiver of my right to receive notices of proposed actions by the personal representative under the Independent

REVOCATION OF WAIVER OF NOTICE OF PROPOSED ACTION

(Keep a copy for your records.)

My address is (*type or print*):

(TYPE OR PRINT NAME)

(SIGNATURE)

Date:

See Attachment 4.

Independent Administration of Estates Act (*specify which actions you are waiving your right to receive notice of*):

- b. Any of the kinds of transactions I have listed below that the personal representative is authorized to take under the
- a. Any and all actions the personal representative is authorized to take under the Independent Administration of Estates Act.

4. By signing below, I **WAIVE MY RIGHT** to receive prior notice of (**CHECK ONLY ONE BOX to indicate your choice**):

	DECEDENT	
ESTATE OF (Name):	CASE NUMBER:	