TARA LEAL
Clerk of the Superior Court

THE SUPERIOR COURT

OF THE STATE OF CALIFORNIA
COUNTY OF KERN

SUPERIOR COURT
Telephone (661) 610-6901
Probate Department
2100 College Ave.
Bakersfield, CA 93305

INSTRUCTIONS
PETITION FOR PROBATE

1. Forms required to open a Probate are: Petition, Notice of Petition to Administer Estate, Duties and Liabilities of Personal Representative.

2. All forms must be typewritten or handwritten legibly. Applicants must answer all questions, including all check marks required to complete each form. Date and sign all forms before presenting for filing. This office will not accept for filing, documents which do not comply with Rule 2.110-2.119 of the California Rules of Court.

3. Strike out the words "Attorney for" wherever they appear in the upper left corner of the forms and type in the words "In Pro Per" which means that you are representing yourself; and type your name, address and phone number in the space at the upper left of each form you file.

4. Five days prior to your hearing you'll want to check the Superior Court website at: **www.kern.courts.ca.gov** to see if your case is ready for hearing or not ready for hearing (go to the Public Searches tab on the Home page). If it is marked "Not Ready for Hearing" there will be a list of "Notes." You must correct the notes prior to your court hearing by filing a "Supplement," which is a written document addressing each of the issues stated in the notes. It must be prepared on legal pleading paper and signed/verified. You may want to visit the law library for assistance with this document. If you have any questions regarding the notes on your case you may call the Probate Legal Assistants at 661-610-6970

5. One copy of each form is included. (You will need to make photo copies of several documents as required before filing originals.) Submit 1 original and 1 photocopy.

6. Original Will must be lodged at the time of filing of Petition (an additional $50 fee will apply for lodging the Will, in these instances)

7. All other forms included in probate packet to be filed when needed.

8. California Probate Referees in Kern County are:

Michael Burger	Shane S. Boroomand
4915 Calloway Drive, Suite 101	149 S. Barrington Ave., Ste. 504
Bakersfield, CA 93312	Los Angeles, CA 90049
(661)588-4381	(661) 476-6800

The Superior Court Clerks are prohibited from giving legal advice or assisting in the preparation of your documents. You may utilize the Law Library on the 3rd floor of the 1415 Truxtun Avenue Building or by visiting their website at www.kclawlib.org, in addition to visiting the Self-Help Website at www.courts.ca.gov/selfhelp.htm. Additional copies of these forms may be printed from this site. There are also services that prepare legal documents if you choose to enlist their assistance; these services are listed online or in the local phone book. You will also want to visit the court's website at www.kern.courts.ca.gov to familiarize yourself with the local court rules.

Petitioner's Filing Fee.....$435.00
If you are requesting Special Administration…….……..$200.00

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 ☐ **Probate of** ☐ **Lost Will and for Letters Testamentary** CASE NUMBER: ☐ ☐ ☐ **Probate of** ☐ **Lost Will and for Letters of Administration with Will Annexed** ☐ **Letters of Administration** ☐ ☐ **Letters of Special Administration with general powers** **Authorization to Administer Under the Independent Administration of Estates Act** ☐ **with limited authority**	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):*

Form Adopted for Mandatory Use
Judicial Council of California
DE-111 [Rev. July 1, 2017]

PETITION FOR PROBATE
(Probate—Decedents Estates)

Probate Code, §§ 8002, 10450;
www.courts.ca.gov

ESTATE OF *(name)*: DECEDENT	CASE NUMBER:

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

(1) Personal property: $

(2) Annual gross income from

(a) real property: $

(b) personal property: $

(3) **Subtotal** *(add (1) and (2)):* $ _____

(4) Gross fair market value of real property: $

(5) (Less) Encumbrances: ($ _____)

(6) Net value of real property: $ _____

(7) **Total** *(add (3) and (6)):* $ _____

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.

f. (1) ☐ Decedent died intestate.

(2) ☐ Copy of decedent's will dated: ☐ codicil dated *(specify for each):*

are affixed as Attachment 3f(2). *(Include typed copies of handwritten documents and English translations of foreign-language documents.)*

☐ The will and all codicils are self-proving (Prob. Code, § 8220).

(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.)*

g. **Appointment of personal representative** *(check all applicable boxes):*

(1) Appointment of executor or administrator with will annexed:

(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. *(Affix nomination as Attachment 3g(1)(c).)*

(d) ☐ Other named executors will not act because of ☐ death ☐ declination ☐ other reasons *(specify):*

☐ Continued in Attachment 3g(1)(d).

(2) Appointment of administrator:

(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):*

(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.

h. Proposed personal representative is a

(1) ☐ resident of California.

(2) ☐ nonresident of California *(specify permanent address):*

(3) ☐ resident of the United States.

(4) ☐ nonresident of the United States.

ESTATE OF *(name)*: DECEDENT	CASE NUMBER:

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.

ESTATE OF *(name)*: DECEDENT	CASE NUMBER:

8. Name and relationship to decedent | Age | Address

☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date:

_____ ▶ _____

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY) *

* (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).)

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 OF PETITIONER) (SIGNATURE OF PETITIONER)

_____ ▶ _____

(TYPE OR PRINT NAME OF PETITIONER) (SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF *(Name):* DECEDENT	
NOTICE OF PETITION TO ADMINISTER ESTATE OF *(Name):*	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 appointted as personal representative to administer the estate of the decedent.
   be appoin as epr er
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:

   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

Form Adopted for Mandatory Use
Judicial Council of California
DE-121 [Rev. January 1, 2013]
CEB ceb.com | Essential Forms

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

Probate Code, §§ 8100, 9100
www.courts.ca.gov

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

PROOF OF SERVICE BY MAIL

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.

Date:

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

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address *(number, street, city, state, and zip code)*
1.		
2.		
3.		
4.		
5.		
6.		

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

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.)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.*(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF *(Name)*: 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.

Form Adopted for Mandatory Use
Judicial Council of California
DE-147 [Rev. January 1, 2002]

Probate Code, § 8404

d. File a change of ownership

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.

3. NOTICE TO CREDITORS

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.

4. INSURANCE

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.

5. RECORD KEEPING

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.

6. CONSULTING AN ATTORNEY

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.**

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.

ACKNOWLEDGMENT OF RECEIPT

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.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PETITIONER)

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).)

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

CONFIDENTIAL STATEMENT OF BIRTH DATE AND DRIVER'S LICENSE NUMBER

(Supplement to *Duties and Liabilities of Personal Representative* (Form DE-147))

*(NOTE: This supplement is to be used if the court by local rule requires the personal representative to provide a birth date and driver's license number. Do **not** attach this supplement to Form DE-147.)*

This separate *Confidential Statement of Birth Date and Driver's License Number* contains confidential information relating to the personal representative in the case referenced above. This supplement shall be kept separate from the *Duties and Liabilities of Personal Representative* filed in this case and shall not be a public record.

INFORMATION ON THE PERSONAL REPRESENTATIVE:

1. Name:
2. Date of birth:
3. Driver's license number: State:

TO COURT CLERK:
THIS STATEMENT IS **CONFIDENTIAL**. DO NOT FILE
THIS CONFIDENTIAL STATEMENT IN A PUBLIC COURT FILE.

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

CONFIDENTIAL STATEMENT OF BIRTH DATE AND DRIVER'S LICENSE NUMBER

(Supplement to *Duties and Liabilities of Personal Representative* (Form DE-147))

*(NOTE: This supplement is to be used if the court by local rule requires the personal representative to provide a birth date and driver's license number. Do **not** attach this supplement to Form DE-147.)*

This separate *Confidential Statement of Birth Date and Driver's License Number* contains confidential information relating to the personal representative in the case referenced above. This supplement shall be kept separate from the *Duties and Liabilities of Personal Representative* filed in this case and shall not be a public record.

INFORMATION ON THE PERSONAL REPRESENTATIVE:

1. Name:
2. Date of birth:
3. Driver's license number: State:

TO COURT CLERK:
THIS STATEMENT IS **CONFIDENTIAL**. DO NOT FILE
THIS CONFIDENTIAL STATEMENT IN A PUBLIC COURT FILE.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)* : ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF *(Name)*: ☐ DECEDENT ☐ CONSERVATEE ☐ MINOR **INVENTORY AND APPRAISAL** ☐ **Partial No.:** ☐ **Corrected** ☐ **Final** ☐ **Reappraisal for Sale** ☐ **Supplemental** ☐ **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: $
8. ☐ Receipts for: $ ☐ Sufficient ☐ Insufficient
   ☐ 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)

Form Adopted for Mandatory Use
Judicial Council of California
DE-160/GC-040 [Rev. January 1, 2007]

INVENTORY AND APPRAISAL

Probate Code, §§ 2610-2616, 8800-8980;
Cal. Rules of Court, rule 7.501
www.courtinfo.ca.gov

ESTATE OF *(Name):*	CASE NUMBER:
☐ DECEDENT ☐ CONSERVATEE ☐ MINOR	

DECLARATION OF PROBATE REFEREE

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:

Statutory commission: $Expenses
(specify) : $
TOTAL: $

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 REFEREE)

INSTRUCTIONS

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

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.)

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.)

Item No.	Description	Appraised value
		$

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(NAME)* : 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)

▶ _____
(SIGNATURE)

.....
(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 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 *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(NAME)* : 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
      ☐ will.
      ☐ 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 *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(Name):* DECEDENT		CASE NUMBER:

ORDER FOR PROBATE

ORDER APPOINTING

☐ **Executor**
☐ **Administrator with Will Annexed**
☐ **Administrator** ☐ **Special Administrator**
☐ **Order Authorizing Independent Administration of Estate**
☐ **with full authority** ☐ **with limited authority**

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 *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(Name)*: DECEDENT		
LETTERS ☐ **TESTAMENTARY** ☐ **OF ADMINISTRATION** ☐ **OF ADMINISTRATION WITH WILL ANNEXED** ☐ **SPECIAL ADMINISTRATION**		CASE NUMBER:

LETTERS

1. ☐ The last will of the decedent named above having been proved, the court appoints *(name)* :

   a. ☐ executor.
   b. ☐ administrator with will annexed.

2. ☐ The court appoints *(name)* :

   a. ☐ administrator of the decedent's estate.
   b. ☐ special administrator of decedent's estate
      (1) ☐ with the special powers specified in the *Order for Probate*.
      (2) ☐ with the powers of a general administrator.
      (3) ☐ letters will expire on *(date)* :

3. ☐ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☐ **with full authority**
   ☐ **with limited authority** (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).

4. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date:

Clerk, by

(DEPUTY)

AFFIRMATION

1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).

2. ☐ INDIVIDUAL: **I solemnly affirm** that I will perform the duties of personal representative according to law.

3. ☐ INSTITUTIONAL FIDUCIARY *(name)* :

   I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
   (Name and title) :

4. Executed on *(date)* :
   at *(place)* : , California.

▶ _____
(SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date:

Clerk, by

(DEPUTY)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	**FOR COURT USE ONLY**
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
☐ ESTATE ☐ CONSERVATORSHIP ☐ GUARDIANSHIP OF *(Name):* ☐ DECEDENT ☐ CONSERVATEE ☐ MINOR **REPORT OF SALE AND PETITION FOR ORDER CONFIRMING SALE OF REAL PROPERTY** ☐ **and Sale of Other Property Sold as a Unit**	CASE NUMBER: HEARING DATE AND TIME: DEPT.:

1. **Petitioner** *(name of each)*:

   is the ☐ personal representative ☐ conservator ☐ guardian of the estate of the decedent, conservatee, or minor
   ☐ purchaser (30 days have passed since the sale)*(Attach supporting declaration (Prob. Code, § 10308(b).)*
   and **requests** a court order for *(check all that apply):*
   a. confirmation of sale of the estate's interest in the real property described in Attachment 2e
   b. ☐ confirmation of sale of the estate's interest in other property sold as a unit as described in Attachment 2c.
   c. ☐ approval of commission of *(specify):* % of the amount of: $ d.
   additional bond ☐ is fixed at: $ ☐ is not required.
2. **Description of property sold**
   a. Interest sold: ☐ 100% ☐ Undivided *(specify):* %
   b. ☐ Improved ☐ Unimproved
   c. ☐ Real property sold as a unit with other property *(describe in Attachment 2c).*
   d. Street address and location *(specify):*

   e. Legal description is affixed as Attachment 2e.
3. **Appraisal**
   a. Date of death of decedent or appointment of conservator or guardian*(specify):*
   b. Appraised value at above date: $
   c. Reappraised value within one year before the hearing: $ ☐ Amount includes value of other property sold as a unit. *(If more than one year has elapsed from the date in item 3a to the date of the hearing, reappraisal is required.)*
   d. Appraisal or reappraisal by probate referee ☐ has been filed ☐ will be filed
   ☐ has been waived by order dated:
4. **Manner and terms of sale**
   a. Name of purchaser and manner of vesting title *(specify):*

   b. ☐ Purchaser is the ☐ personal representative ☐ attorney for the personal representative.
   c. Sale was ☐ private ☐ public on *(date):*
   d. Amount bid: $ Deposit: $
   e. Payment ☐ Cash ☐ Credit *(specify terms on Attachment 4e.)*
   f. ☐ Other terms of sale *(specify terms on Attachment 4f.)*
   g. ☐ Mode of sale specified in will. ☐ Petitioner requests relief from complying for the reasons stated in Attachment 4g.
   h. ☐ Terms comply with Probate Code section 2542 *(guardianships and conservatorships).*

Form Adopted for Mandatory Use
Judicial Council of California
DE-260/GC-060 [Rev. January 1, 2006]
CEB ceb.com | Essential Forms

REPORT OF SALE AND PETITION FOR ORDER CONFIRMING SALE OF REAL PROPERTY
(Probate - Decedents' Estates and Guardianships and Conservatorships)

Probate Code, §§ 2540, 10308
www.courtinfo.ca.gov

☐ ESTATE ☐ CONSERVATORSHIP ☐ GUARDIANSHIP OF *(Name):*	CASE NUMBER:

5. **Commission**
   a. ☐ Sale without broker
   b. ☐ A written ☐ exclusive ☐ nonexclusive contract for commission was entered into with *(name):*
   c. ☐ Purchaser was procured by *(name):* a licensed real estate broker who is not buying for his or her account.
   d. ☐ Commission is to be divided as follows:

6. **Bond**
   a. Amount before sale: $ ☐ none.
   b. Additional amount needed: $ ☐ none.
   c. ☐ Proceeds are to be deposited in a blocked account. Receipts will be filed. *(Specify institution and location):*

7. **Notice of sale**
   a. ☐ Published ☐ Posted as permitted by Probate Code section 10301 ($5,000 or less)
   b. ☐ Will authorizes sale of the property
   c. ☐ Will directs sale of the property

8. **Notice of hearing**
   a. Specific devisee:
      (1) ☐ None.
      (2) ☐ Consent to be filed.
      (3) ☐ Written notice will be given.
   b. Special notice:
      (1) ☐ None requested.
      (2) ☐ Has been or will be waived.
      (3) ☐ Required written notice will be given.
   c. Personal representative, conservator of the estate, or guardian of the estate:
      (1) ☐ Petitioner (consent or notice not required).
      (2) ☐ Consent to be filed.
      (3) ☐ Written notice will be given.

9. **Reason for sale** *(need not complete if item 7b or 7c checked)*
   a. ☐ Necessary to pay
      (1) ☐ debts
      (2) ☐ devise
      (3) ☐ family allowance
      (4) ☐ expenses of administration
      (5) ☐ taxes
   b. ☐ The sale is to the advantage of the estate and in the best interest of the interested persons.

10. **Formula for overbids**
    a. Original bid: $
    b. 10% of first $10,000 of original bid: $
    c. 5% of (original bid minus $10,000): $
    d. Minimum overbid (a + b + c): $

11. **Overbid.** Required amount of first overbid *(see item 10):* $

12. **Petitioner's efforts** to obtain the highest and best price reasonably attainable for the property were as follows *(specify activities taken to expose the property to the market, e.g., multiple listings, advertising, open houses, etc.):*

13. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY*)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

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 OF PETITIONER) (SIGNATURE OF PETITIONER)

DE-265/GC-065

ATTORNEY OR PARTY WITHOUT ATTORNEY *(name, address, and State Bar number):*

After recording return to:

TEL NO.: FAX NO. *(optional):*

E-MAIL ADDRESS *(optional):*

ATTORNEY FOR *(name):*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

☐ ESTATE OF
☐ CONSERVATORSHIP OF *(name)*:
☐ GUARDIANSHIP OF

☐ DECEDENT ☐ CONSERVATEE ☐ MINOR

CASE NUMBER:

ORDER CONFIRMING SALE OF REAL PROPERTY

☐ **and Confirming Sale of Other Property as a Unit**

FOR COURT USE ONLY

1. Hearing date: Time: Dept.: Rm.:

THE COURT FINDS

2. All notices required by law were given and, if required, proof of notice of sale was made.

3. a. ☐ Sale was authorized or directed by the will

b. ☐ Good reason existed for the sale of the property commonly described as *(street address or location):*

4. The sale was legally made and fairly conducted.

5. The confirmed sale price is not disproportionate to the value of the property.

6. ☐ Private sale: The amount bid is 90% or more of the appraised value of the property as appraised within one year of the date of the hearing.

7. An offer exceeding the amount bid by the statutory percentages ☐ cannot be obtained ☐ was obtained in open court. The offer complies with all applicable law.

8. The ☐ personal representative ☐ conservator ☐ guardian of the estate of the decedent, conservatee, or minor has made reasonable efforts to obtain the highest and best price reasonably attainable for the property.

THE COURT ORDERS

9. The sale of the real property legally described ☐ in item 15 on page 2 ☐ on Attachment 9
☐ and other property sold as a unit described ☐ in item 15 on page 2 ☐ on Attachment 9 is confirmed to *(name)*:

(manner of vesting title):
for the sale price of: $ on the following terms *(use item 15 on page 2 or Attachment 9 if necessary):*

☐ Continued in item 15 on page 2. ☐ Continued on Attachment 9.

10. The ☐ personal representative ☐ conservator ☐ guardian of the estate of the decedent, conservatee, or minor *(name)*:
is directed to execute and deliver a conveyance of the estate's interest in the real property described in item 9
☐ and other property described in item 9 sold as a unit upon receipt of the consideration for the sale.

☐ ESTATE OF ☐ CONSERVATORSHIP OF ☐ GUARDIANSHIP OF *(name)*:	CASE NUMBER:

11. a. ☐ No additional bond is required.
    b. ☐ Additional bond is required in the amount of: $, surety, or otherwise, as provided by law.
    c. ☐ Net sale proceeds must be deposited by escrow holder in a blocked account to be withdrawn only on court order. Receipts must be filed. *(Specify institution and location):*

12. a. ☐ No commission is payable.
    b. ☐ A commission from the proceeds of the sale is approved in the amount of: $ to be paid as follows *(specify):*

13. Other *(specify, use Attachment 13 if necessary):*

14. Number of pages attached:

Date:

JUDICIAL OFFICER

☐ Signature follows last attachment.

15. ☐ *(Check all that apply)*: ☐ Legal description of the ☐ real property ☐ personal property in item 9:
☐ Additional terms of sale from item 9:

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing *Order Confirming Sale of Real Property,* including any attached description of real or personal property, is a true and correct copy of the original on file in my office.

Date: CLERK, by , Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(Name)* : DECEDENT		
NOTICE OF PROPOSED ACTION **Independent Administration of Estates Act** ☐ **Objection** ☐ **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)

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

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

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

   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.

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.

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

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PERSONAL REPRESENTATIVE OR ATTORNEY)

OBJECTION TO PROPOSED ACTION

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

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.)***

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF OBJECTOR)

CONSENT TO PROPOSED ACTION

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

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.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF CONSENTER)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(Name)* : DECEDENT		
WAIVER OF NOTICE OF PROPOSED ACTION **(Probate Code section 10583)** **(Revocation of Waiver)**		CASE NUMBER:

WARNING

READ BEFORE YOU SIGN

A. The law requires the personal representative to give you notice of certain actions he or she proposes to take to administer the estate. If you sign this form, the personal representative will NOT have to give you notice.

B. You have the right (1) to object to a proposed action and (2) to require the court to supervise the proposed action. If you do not object before the personal representative acts, you lose your right and you cannot object later.

C. IF YOU SIGN THIS FORM, YOU GIVE UP YOUR RIGHT TO RECEIVE NOTICE. This means you give the personal representative the right to take actions concerning the estate without first giving you the notice otherwise required by law. You cannot object after the action is taken.

D. You have the right to revoke (cancel) this waiver at any time. Your revocation must be in writing and is not effective until it is actually received by the personal representative. *(A form to revoke your waiver is on the reverse. You may want to revoke this waiver later. Keep a copy of this form so you can.)*

E. If you do not understand this form, ask a lawyer to explain it to you.

WAIVER OF RIGHT TO NOTICE

1. **I understand** that the **personal representative** named here has authority to administer the estate of the decedent without court supervision under the Independent Administration of Estates Act (California Probate Code sections 10400-10592).
   a. *(name)* :
   b. *(address)* :

(Mail or deliver notices to the personal representative at this address.)

2. **I understand** I have the right to receive notice of certain actions the personal representative may propose to take. I understand that those actions may affect my interest in the estate.

3. **I understand** that by signing this waiver form I give up my right to receive notices from the personal representative of actions he or she may decide to take.

(Continued on reverse)

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

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

a. ☐ Any and all actions the personal representative is authorized to take under the Independent Administration of Estates Act.

b. ☐ Any of the kinds of transactions I have listed below that the personal representative is authorized to take under the Independent Administration of Estates Act *(specify which actions you are waiving your right to receive notice of)*:

☐ See Attachment 4.

Date:

.....
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE)

My address is *(type or print)* :

(Keep a copy for your records.)

REVOCATION OF WAIVER OF NOTICE OF PROPOSED ACTION

1. I previously signed a waiver of my right to receive notices of proposed actions by the personal representative under the Independent Administration of Estates Act.
2. I **revoke** (cancel) any previous waiver of my right to receive notices of proposed actions by the personal representative of the estate of the decedent.
3. I request the personal representative to send me all notices required by law.

Date:

.....
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE)

My address is *(type or print)* :

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

PROOF OF SERVICE BY MAIL

1. I mailed a copy of the ☐ *Waiver of Notice of Proposed Action* ☐ *Revocation* to the personal representative by

☐ **depositing** a copy of the revocation with the United States Postal Service, in a sealed envelope with postage fully prepaid by first-class mail **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 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.

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

2. The envelope was addressed and mailed as follows:
   a. Name of personal representative served:
   b. Address on envelope:

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

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)

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)

Form Adopted for Mandatory Use
Judicial Council of California
DE-157 [Rev. January 1, 2013]

Probate Code, §§ 9050, 9052
www.courts.ca.gov

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

[Optional]

PROOF OF SERVICE BY MAIL

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 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
   a. ☐ **depositing** the sealed envelope with the United States Postal Service 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 the 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 of deposit: b. Place of deposit *(city and state):*

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 DECLARANT)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person	Address (number, street, city, state, and zip code)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

☐ 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.)*

***NOTE:** To assist the creditor and the court, please send a blank copy of the* Creditor's Claim *(form DE-172) with the notice.*

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(Name)* : DECEDENT		
CREDITOR'S CLAIM		CASE NUMBER:

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.
WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: $
2. Claimant *(name)* :
   a. ☐ an individual
   b. ☐ an individual or entity doing business under the fictitious name of *(specify)* :
   c. ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
   d. ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
   e. ☐ other *(specify)* :
3. Address of claimant *(specify)* :
4. Claimant is ☐ the creditor ☐ a person acting on behalf of creditor *(state reason)* :
5. ☐ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☐ on reverse ☐ attached.

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 AND TITLE)

▶ _____
(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims. If
B. the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
C. If the claim is secured by a note or other written instrument, the original or a copy must be attached *(state why original is unavailable).* If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. *(See Prob. Code, § 9152.)*
D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

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

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ **See attachment** ***(if space is insufficient)***

Date of item	Item and supporting facts	Amount claimed
	TOTAL:	**$**

PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)* :

3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows *(check either a or b below)* :

a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
   (1) I enclosed a copy in an envelope AND
      (a) ☐ **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
      (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items 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.
   (2) The envelope was addressed and mailed first-class as follows:
      (a) Name of personal representative served:
      (b) Address on envelope:

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

b. ☐ **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
   (1) Name of personal representative served:
   (2) Addressed where delivered:

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

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 OF CLAIMANT)

(SIGNATURE OF CLAIMANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF *(Name):* 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 become 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)

Form Adopted for Mandatory Use
Judicial Council of California
DE-174 [Rev. January 1, 2009]

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

Probate Code § 9000 et seq., 9250-9256, 9353
www.courtinfo.ca.gov

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

PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO CREDITOR

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

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

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

a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
   (1) I enclosed a copy in an envelope AND
      (a) ☐ **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
      (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below 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 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.
   (2) The envelope was addressed and mailed first-class as follows:
      (a) Name of creditor served:
      (b) Address on envelope:
      (c) Date of mailing:
      (d) Place of mailing *(city and state):*

b. ☐ **Personal delivery.** I personally delivered a copy to the creditor as follows:
   (1) Name of creditor served:
   (2) Address where delivered:
   (3) Date delivered: (4) Time delivered:

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 OF DECLARANT) (SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)* :	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR (*Name):*		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
MATTER OF *(Name):* ☐ DECEDENT ☐ CONSERVATEE ☐ MINOR ☐ TRUST **REQUEST FOR SPECIAL NOTICE**		CASE NUMBER:

1. a. ☐ I am a person interested in this proceeding.
   b. ☐ I am the attorney for a person interested in this proceeding *(specify name of interested person):*

2. I REQUEST SPECIAL NOTICE of *(complete only a or b)*

   a. ☐ the following matters *(check applicable boxes):*
      (1) ☐ **all matters** for which special notice may be requested *(Do not check boxes (2)-(8).)*
      (2) ☐ inventories and appraisals of property, including supplements
      (3) ☐ accountings
      (4) ☐ reports of the status of administration
      (5) ☐ objections to an appraisal
      (6) ☐ petitions for the sale of property
      (7) ☐ *Spousal Property Petition* (form DE-221) (Prob. Code, § 13650)
      (8) ☐ other petitions: ☐ all petitions ☐ the following petitions *(specify):*

   b. ☐ the following matters *(specify):*

3. SEND THE NOTICES to

   a. ☐ the interested person at the following address *(specify):*

   b. ☐ the attorney at the following address *(specify):*

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

☐ Attorney for person requesting special notice*(client's name)* :

(Continued on reverse)

MATTER OF *(Name):*	CASE NUMBER:

NOTE: **A formal proof of service or a written admission of service must accompany this *Request for Special Notice* when it is filed with the court.**

You must have your request served on either the personal representative, conservator, guardian, or trustee, or his or her attorney, or obtain a signed *Admission of Service (see below).*

PROOF OF SERVICE BY MAIL

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 *Request for Special Notice* 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 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' 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 of deposit: b. Place of deposit *(city and state):*

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 DECLARANT)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

☐ List of names and addresses continued in attachment.

ADMISSION OF SERVICE

1. I am the ☐ personal representative, conservator, guardian, or trustee ☐ the attorney.

2. I ACKNOWLEDGE that I was served a copy of the foregoing *Request for Special Notice*.

Date:

.....

(TYPE OR PRINT NAME)

▶ _____

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)* :	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.*(Optional)*: E-MAIL ADDRESS *(Optional)* : ATTORNEY FOR *(Name)* :	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
☐ ESTATE ☐ CONSERVATORSHIP ☐ GUARDIANSHIP OF *(Name)* : ☐ DECEDENT ☐ CONSERVATEE ☐ MINOR	
EX PARTE PETITION FOR FINAL DISCHARGE AND ORDER	CASE NUMBER:

1. Petitioner is the ☐ personal representative ☐ conservator ☐ guardian of the estate of the above-named decedent, conservatee, or minor. Petitioner has distributed or transferred all property of the estate as required by the final order ☐ and all preliminary orders for distribution or liquidation filed in this proceeding on *(specify date each order was filed)*:

2. All required acts of distribution or liquidation have been performed as follows *(check all that apply):*
   a. ☐ All personal property, including money, stocks, bonds, and other securities, has been delivered or transferred to the distributees or transferees as ordered by the court. The receipts of all distributees or transferees are now on file or are filed with this petition. Conformed copies of all receipts previously filed are attached on Attachment 2.
   b. ☐ No personal property is on hand for distribution or transfer.
   c. ☐ Real property was distributed or transferred. The order for distribution or transfer of the real property; the personal representative's, conservator's, or guardian's deed; or both, were recorded as follows*(specify documents recorded, dates and locations of recording, and document numbers or other appropriate recording information):*
   d. ☐ No real property is on hand for distribution or transfer.
   e. ☐ No receipts are required because Petitioner is the sole distributee.
   f. ☐ The minor named above attained the age of majority on *(date)*:
3. Petitioner requests discharge as personal representative, conservator, or guardian of the estate.

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 OF PETITIONER) (SIGNATURE OF PETITIONER)

ORDER FOR FINAL DISCHARGE

THE COURT FINDS that the facts stated in the foregoing *Ex Parte Petition for Final Discharge* are true.

THE COURT ORDERS that *(name)*:

is discharged as ☐ personal representative ☐ conservator ☐ guardian of the estate of the above-named decedent, conservatee, or minor, and sureties are discharged and released from liability for all acts subsequent hereto.

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT.

Form Adopted for Mandatory Use
Judicial Council of California
DE-295/GC-395
[New January 1, 2006]

EX PARTE PETITION FOR FINAL DISCHARGE AND ORDER
(Probate - Decedents' Estates and Conservatorships and Guardianships)

Probate Code, §§ 2100, 2627, 2631, 11753, 12250;
www.courtinfo.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN
Juvenile Justice Center
2100 College Avenue
Bakersfield, CA 93305

IN THE MATTER OF THE ESTATE OF:	CASE NUMBER:
Hearing Date: / Time:	Department:

☐ **FIRST** ☐ **(specify):** _____ ☐ **AND FINAL** ☐ **ACCOUNT** ☐ **REPORT ON WAIVER OF ACCOUNT;**
☐ **PETITION FOR** ☐ **PRELIMINARY** ☐ **FINAL DISTRIBUTION** ☐ **AND FOR PAYMENT OF COMPENSATION**
TO PERSONAL REPRESENTATIVE ☐ **AND ATTORNEY FOR ORDINARY** ☐ **AND EXTRAORDINARY SERVICES**
(Probate Code §§ 10831, 10900, 10951, 10954, 11620, 11640, et seq.)

Petitioner(s) (*name(s)*): _____ alleges:

1. Decedent (name): _____ died ☐ testate ☐ intestate on date: _____ at (place): _____ being at the time of death a resident of
   ☐ the County of Kern, State of California.
   ☐ (identify state and country of residence): _____ .

2. ☐ Will dated _____ ☐ and codicil (s) dated _____ was/were admitted to probate by order of this court on _____ .

Personal Representative

3. a. ☐ Petitioner qualified as special administrator and letters were issued to petitioner on (date): _____ .
   b. ☐ Petitioner qualified as ☐ Executor ☐ Administrator ☐ Administrator w/Will Annexed and letters were issued to petitioner on (date): _____ .
   c. ☐ At all times since issuance of letters, petitioner has been and now is duly qualified as the personal representative of decedent's estate; or
   ☐ Petitioner's authority as personal representative of the decedent's estate was terminated by court order on (date): _____ .

Independent Administration

4. ☐ On _____ by order of this court, petitioner was authorized to administer the estate with ☐ full ☐ limited authority and without court supervision under the Independent Administration of Estates Act.

IN THE MATTER OF:	CASE NUMBER:

5. ☐ Petitioner did not take any action without prior court approval under the Independent Administration of Estates Act for which notice of proposed action was required; or

☐ Petitioner took the following action without prior court approval under the Independent Administration of Estates Act for which notice of proposed action was required:

a. Nature of action: _____

Date action was taken: _____

When and to whom notice was given (name & date): _____

When notice was waived and if so, by whom: _____

Objections received: _____

b. Nature of action: _____

Date action was taken: _____

When and to whom notice was given (name & date): _____

When notice was waived and if so, by whom: _____

Objections received: _____

☐ Continued on Attachment 5.

Creditors

6. Notice of Petition to Administer Estate has been published for the period and in the manner as prescribed by law, and within thirty (30) days after completion of the publication there was filed with the Clerk of this Court an affidavit showing the publication in the manner and form required by law.

7. More than four (4) months have elapsed since the issuance of letters. Reasonable efforts were made to identify creditors of the estate and Notice of Administration ☐ has ☐ has not been sent to all known creditors of the estate. The time for filing and presenting creditor's claims has expired.

8. ☐ Other than taxes or creditor claims otherwise addressed in this petition, petitioner has no reason to believe that any public entity listed in Probate Code §9201 has any basis for making a claim against the estate; or

☐ Notice was sent as follows:

Date Mailed

☐ Employment Development Department: _____

☐ State Board of Equalization: _____

☐ Department of State Hospitals: _____

9. a. ☐ The notice required by Probate Code §9202(a) was mailed to the Director of the California Department of Health Care Services on (date): _____ with a copy of Decedent's death certificate ☐ and with a copy of the death certificate of the decedent's pre-deceased spouse or registered domestic partner (name): _____ ; or

☐ The decedent did not receive and was not the surviving spouse or registered domestic partner of a person who received Medi-Cal benefits. Therefore, no notice to the California Department of Health Care Services is required.

b. ☐ The notice required by Probate Code §9202(b) was mailed to the Director of the California Victim Compensation Board on (date): _____; or

IN THE MATTER OF:	CASE NUMBER:

☐ Petitioner knows of no heir or beneficiary that is or has previously been confined in a prison or facility under the jurisdiction of the California Department of Corrections or the California Department of Youth Authority or confined in any county jail, road camp, industrial farm or other local correctional facility. Therefore, no notice to the California Victim Compensation Board is required.

9. c. The notice required by Probate Code §9202(c) was mailed to the California Franchise Tax Board on (date): _____ .

10. ☐ No claim has been filed with the court; or
☐ The following claims were filed with the court:

a. Allowed Claims That Have Been Paid

(Also see item 36)

Name of Claimant	Date Claim Was Filed	Amount of Claim	Amount Allowed	Date Claim Was Paid
		$	$	
		$	$$	
			$	

☐ Continued on Attachment 10(a)
☐ Release of Claims on Attachment 10(a)(1)

b. Allowed Claims That Have Not Been Paid

Petitioner requests an order to pay the following claims plus ten percent interest from the date of the order as required by Probate Code §§11422-11423:

Name of Claimant	Date Claim Was Filed	Amount of Claim	Amount Allowed
		$	$
		$	$
		$	$
		Total	$

☐ Continued on Attachment 10(b)

c. Rejected Claims

(For claims rejected in part and accepted in part, the claim should be listed twice. The rejected portion should be listed in this subsection, and the accepted portion should be listed in the appropriate subsection above.)

Name of Claimant	Date Claim Was Filed	Amount of Claim	Amount Rejected	Date Rejection Was Served on Claimant	Case Number and Status of Civil Action (If filed)
		$	$		
		$	$		
		$	$		
		Total	$		

☐ Continued on Attachment 10(c)

11. ☐ The following written demands for payment were received within four months after letters were first issued, and were treated as filed claims and paid before the expiration of 30 days after the four month period, and (1) the debts were justly due; (2) the debts were paid in good faith; (3) the amounts paid were the true amounts of the indebtedness over and above all payments and offsets; and (4) the estate is solvent.

IN THE MATTER OF:	CASE NUMBER:

Date Paid	Payee	Description	Amount

☐ Continued on Attachment 11.

12. The estate is ☐ solvent ☐ insolvent and petitioner has ☐ paid ☐ not paid all debts of the decedent and the estate and all expenses of administration except closing expenses and statutory fees.

13. ☐ No federal or state estate tax return has been filed because the estate was not of sufficient size to require such a return and no estate taxes are due; or
☐ A ☐ federal ☐ state estate tax return has been filed, taxes owing, if any, have been paid, and ☐ the estate has been released from further liability or ☐ no clearance letter for estate taxes has yet been received.

14. ☐ No California or federal income taxes are due or payable by the estate; or
☐ Income taxes are due and payable by the estate as follows (amount): $ _____ .

15. ☐ No real or personal property taxes are due or payable by the estate; or
☐ Real or personal property taxes are due or payable by the estate as follows :

Date Payment was Due	Name of Taxing Entity	Description of Property being Taxed	Amount Due
			$
			$
		Total	$

☐ Continued on Attachment 15.

Special Notice

16. ☐ No requests for special notice have been filed in this proceeding; or
☐ The following requests for special notice have been filed in this proceeding:

Name	Date Filed	Relationship

☐ Information regarding additional Requests for Special Notice attached as Attachment 16.

Costs

17. a. ☐ Petitioner has performed all required duties as personal representative of the estate. All costs of administration incurred to date, including costs of publication and the probate referee's fees, have been paid and the estate is now in a condition to be closed.

b. ☐ Petitioner does not request reimbursement from the estate for any filing fee, publication fee, or other costs advanced to the estate, or has already been reimbursed from the estate; or

c. ☐ Petitioner requests an order authorizing reimbursement from the estate for the following costs advanced from petitioner's personal funds:
(Also see item 35)

IN THE MATTER OF:	CASE NUMBER:

Date Incurred	Payee	Purpose	Amount
		Total	

☐ Continued on Attachment 17(c)

d. ☐ Petitioner requests an order authorizing reimbursement from the estate for the following costs advanced by petitioner's attorney:

Date Incurred	Payee	Purpose	Amount
		Total	

☐ Continued on Attachment 17d.

Assets

18. The following Inventory and Appraisal(s) have been filed with the court:

Date Filed	Type				Total
	☐ Partial No.	☐ Final	☐ Supplemental	☐ Corrected/Amended	
	☐	☐ $Partial No.	☐ Final	☐ Supplemental	
	☐	☐ Corrected/Amended	☐	☐ $	

☐ Partial No. Final Supplemental Corrected/Amended $

Continued on Attachment 18.

19. The estate consists ☐ entirely of ☐ a combination of decedent's ☐ separate ☐ community ☐ quasi-community property.

20. a. ☐ The start date for petitioner's report is (First Report - date of death): _____
(Subsequent Report - end date of prior report): _____

b. ☐ The end date for the petitioner's report is (date):

c. (1) ☐ All beneficiaries and/or his heirs waive an accounting by petitioner and required waivers of accounting are on file in this proceeding

(2) A summary of accounting and accounting schedules are attached hereto. *(You may use Judicial Council Forms GC-SUM, GC-405(A), GC-405(C), and other forms in the GC-405 series as appropriate.)*

21. The assets on hand are as follows: *(If real property, include address, legal description, and* Assessor's parcel number):

☐ Continued on Attachment 21.

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22. ☐ Petitioner alleges that no family or affiliate relationship exists between petitioner and any agent hired by petitioner during the period of administration; or
☐ The following family or affiliates were hired:

Name	Capacity Retained	Relationship

☐ Continued on Attachment 22.

23. ☐ There was no cash to invest in interest bearing accounts; or
☐ At all times during the period of administration, petitioner has kept all surplus cash invested in interest bearing accounts.

Distribution

24. ☐ No preliminary distribution has been made; or
☐ The following preliminary distributions have been made:

Date of Order Authorizing Distribution	To Whom Made	Amount/Asset Distributed
	Total	

☐ Continued on Attachment 24.

25. (Check one of the following:)
a. ☐ No will was admitted to probate.
b. ☐ The decedent's will did not make any gift of cash or specific property.
c. ☐ The decedent's will made gift(s) of cash or specific property, but the decedent died less than one year ago. The
d. ☐ decedent's will made gift(s) of cash or specific property, and the decedent died at least one year ago. Attachment 25 shows the information required by Probate Code §§1063(d) to (f) and 12002-12006.

Compensation

26. a. ☐ The statutory commission and statutory attorney's fee should be calculated as follows (Prob. Code §§ 10800, 10810):

Inventory Value:	$	
Plus Receipts	$	(Receipts schedule must be attached)
Plus Gains on Sales	$	(Gains schedule must be attached)
Less Losses on Sales	$	(Losses schedule must be attached)
Total of Estate for Calculation	$	
4% of the first $100,000.00	$	
3% of the next $100,00.00	$2% of	
the next $800,000.00	$1% of	
the next $9,000,000.00	$½ of	
1% of the next $15,000,000.00	$	
Total statutory compensation:	$	

IN THE MATTER OF:	CASE NUMBER:

b. ☐ No previous orders have been made approving statutory or extraordinary commission or fees.
☐ The following orders approving statutory or extraordinary commissions or fees have been made:
(Also see item 33(a).)

Date of Order Authorizing Payment	To Whom Made	Amount

☐ Continued on Attachment 26(b).

c. ☐ No other party was appointed personal representative of the decedent in this state, and therefore no division of statutory compensation is necessary; or
☐ Attachment 26(d) provides a list of all parties appointed as personal representative of the decedent in this state, including petitioner. (For each personal representative, indicate (1) the date letters issued, (2) the date letters were revoked, stricken, or superseded, (3) the portion of the statutory compensation that personal representative should receive, and (4) whether apportionment is made based on agreement or services rendered and the facts to support the apportionment.)

26. d. (For final reports) ☐ Petitioner requests payment of all unpaid statutory compensation ☐ to the petitioner ☐ (if being split) as indicated in attachment 33(a).
☐ Petitioner waives the right to request statutory compensation as a personal representative (for accounts current)
☐ Petitioner requests allowance of statutory compensation on account in the amount of $ _____
☐ to the petitioner ☐ (if being split) as indicated in attachment 33(a). This request is based on the detailed description of ordinary services performed and remaining to be performed indicated in attachment 26(b) which indicates that (percentage) _____ of the ordinary services have already been performed.
(Also see item 33(a).)

e. ☐ No other party has served as attorney of record for a personal representative of the decedent in this state, and therefore no division of statutory fees is necessary; or
☐ Attachment 26(e) provides a list of all attorneys who have served as attorney of record for a personal representative of the decedent in this state, including petitioner's counsel. (For each attorney, indicate (1) the date representation began, (2) the date representation ended, (3) the portion of the statutory fees the attorney should receive, and (4) whether apportionment is made based on agreement or services rendered and the facts to support the apportionment.

f. (For final reports) ☐ Petitioner's attorney requests payment of all unpaid statutory fees ☐ to petitioner's attorney ☐ (if being split) as indicated in attachment 33(a).
☐ Petitioner's attorney waives the right to request statutory fees (for accounts current)
☐ Petitioner's attorney requests allowance of statutory fees on account in the amount of $ _____
☐ to the petitioner's attorney ☐ (if being split) as indicated in attachment 33(a). This request is based on the detailed description of ordinary services performed and remaining to be performed indicated in attachment 26(b) which indicates that (percentage) _____ of the ordinary services have already been performed.
(Also see item 34(a).)

Accounting

27. a. ☐ Petitioner requests compensation for extraordinary services to the estate as described in attachment 27(a) in the amount of $ _____ which has not been paid.
(Also see item 33(b).)

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b. ☐ Petitioner requests compensation to attorney (name): _____
for extraordinary services to the estate as described in attachment 27(b) in the amount of $ which _____ has not been paid.
(Also see item 34(b).)

28. ☐ Petitioner requests $ _____ to be reserved for the reasons indicated below (also see item 37):
☐ Taxes and tax preparation fees
☐ County Recorder Fees
☐ Closing Expenses
☐ Other: _____
☐ No reserve is requested.

29. (Also see items 38 and 39)
☐ Petitioner requests ☐ preliminary ☐ final distribution of the remaining property in the estate
☐ as indicated in Attachment 29 ☐ as follows:

Name and Relationship to Decedent	Age	Share of Estate

30. ☐ Other allegations attached as Attachment 30.

THEREFORE, Petitioner prays that:

31. The report and ☐ account ☐ waiver of account of the personal representative be approved.

32. All acts of the petitioner as personal representative be confirmed and approved.

33. a. ☐ An order be made authorizing the ☐ waiver of or ☐ payment of the sum of $ _____ representing statutory commissions for services rendered to the estate ☐ to the petitioner ☐ (if being split) as indicated in attachment 33(a).

b. ☐ An order be made authorizing payment of the sum of $ _____ representing commissions for extraordinary services ☐ to the petitioner ☐ (if being split) as indicated in attachment 33(b).

34. a. ☐ An order be made authorizing the ☐ waiver of ☐ payment of the sum of $ _____ representing statutory fees for services rendered to the Estate ☐ to petitioner's attorney (name): _____
☐ (if being split) as indicated in attachment 34(a).

b. ☐ An order be made authorizing payment of the sum of $ _____ representing fees for extraordinary services ☐ to petitioner's attorney (name): _____ ☐ (if being split) as indicated in attachment 34(b).

35. ☐ The Estate be ordered to pay the amount of $ _____ as reimbursement for the costs advanced to ☐ the petitioner ☐ petitioner's attorney (name): _____ ☐ (if being split) as

IN THE MATTER OF:	CASE NUMBER:

indicated in attachment 35.

36. ☐ The personal representative be ordered to pay the following creditor claims from the estate's funds plus ten percent interest from the date of the order as required by Probate Code §§ 11422-11423:

Name of Claimant	Date Claim was filed	Amount

☐ Continued in Attachment 36.

37. ☐ An order be made allowing a reserve for closing costs in the amount of $ _____ .

38. An order be made authorizing the distribution of the estate ☐ as indicated in Attachment 29 ☐ as follows:

Name and Relationship to Decedent	Age	Share of Estate

☐ Continued in Attachment 38.

39. An order be made authorizing distribution of any property of the estate acquired or discovered after the court order for final distribution is made, including any unused portion of the reserve for closing costs, ☐ as indicated in Attachment 29 ☐ as follows:

Name and Relationship to Decedent	Age	Share of Estate

☐ Continued in Attachment 39.

40. ☐ Other orders as attached on Attachment 40.

_____ _____
(DATE) (SIGNATURE OF ATTORNEY)

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 OF PETITIONER) (SIGNATURE OF PETITONER)