

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
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 (date): _____.

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 (date): _____ 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.
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:

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- 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
- ☐ 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.

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- c. The notice required by Probate Code §9202(c) was mailed to the California Franchise Tax Board on (date): _____.
- d. ☐ The notice required by Probate Code §9202(e) was mailed or submitted electronically to the Director of the California Department of Child Support Services on (date): _____; or
- ☐ Petitioner and the attorney for the estate do not know or have reason to believe that the decedent had a child support obligation under an order issued by a court of competent jurisdiction.

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

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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.

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
			\$
			\$
			\$

☐ 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

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

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 17(d).

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 of ☐ entirely ☐ 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*):

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☐ Continued on Attachment 21.

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.

d. ☐ The 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 (Probate 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	\$ _____	

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1% of the next \$9,000,000.00 \$ _____
 ½ of 1% of the next \$15,000,000.00 \$ _____
Total Statutory Compensation: \$ _____

- 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.)*
- 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 current accounts)*
☐ 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.

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(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).)

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 are 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).

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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 indicated in Attachment 35.
36. ☐ The personal representative be ordered to pay the following creditor claims from the estate 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 to 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 PETITIONER)