

# PROBATE FORMS PACKET

What you will find in this packet:

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

**You Can Get Court Forms FREE at: [www.cc-courts.org/forms](http://www.cc-courts.org/forms)**

*If you don't find what you're looking for here, you may want to check out the additional resources listed on the back of this page*

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):	<b>FOR COURT USE ONLY</b>		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
ESTATE OF (name): <div style="float: right;">DECEDENT</div>			
<b>PETITION FOR</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost Will and for Letters Testamentary</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost Will and for Letters of Administration with Will Annexed</b> <input type="checkbox"/> <b>Letters of Administration</b> <input type="checkbox"/> <b>Letters of Special Administration</b> <input type="checkbox"/> <b>with general powers</b> <input type="checkbox"/> <b>Authorization to Administer Under the Independent Administration of Estates Act</b> <input type="checkbox"/> <b>with limited authority</b>	CASE NUMBER:  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">HEARING DATE AND TIME:</td> <td style="width:30%;">DEPT.:</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:
HEARING DATE AND TIME:	DEPT.:		

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

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

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

**requests that**

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

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

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

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

ESTATE OF <i>(name)</i> :	CASE NUMBER:
DECEDENT	

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):

CASE NUMBER:

DECEDENT

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

ESTATE OF <i>(name)</i> :	CASE NUMBER:
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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 <i>(Name, State Bar number, and address):</i>   TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i> _____	DECEDENT
<b>NOTICE OF PETITION TO ADMINISTER ESTATE OF</b> <b><i>(Name):</i></b> _____	CASE NUMBER: _____

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

a. Date:	Time:	Dept.:	Room:
----------	-------	--------	-------
- 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.

ESTATE OF <i>(Name)</i> :  _____	CASE NUMBER:  _____
DECEDENT	

**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**

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
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 <i>(Name, state bar number, and address):</i>  TELEPHONE AND FAX NOS.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR <i>(Name):</i> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i>   DECEDENT	
<b>ORDER FOR PROBATE</b> <b>ORDER APPOINTING</b> <input type="checkbox"/> <b>Executor</b> <input type="checkbox"/> <b>Administrator with Will Annexed</b> <input type="checkbox"/> <b>Administrator</b> <input type="checkbox"/> <b>Special Administrator</b> <input type="checkbox"/> <b>Order Authorizing Independent Administration of Estate</b> <input type="checkbox"/> <b>with full authority</b> <input type="checkbox"/> <b>with limited authority</b>	CASE NUMBER:
<b>WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.</b>	

1. Date of hearing: \_\_\_\_\_ Time: \_\_\_\_\_ Dept./Room: \_\_\_\_\_ Judge: \_\_\_\_\_

**THE COURT FINDS**

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

**THE COURT ORDERS**

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

Date: \_\_\_\_\_

\_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT

7. Number of pages attached: \_\_\_\_\_  SIGNATURE FOLLOWS LAST ATTACHMENT



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

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

**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).)



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

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

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

Date:

.....  
 (TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
 (SIGNATURE OF WITNESS)

.....  
 (ADDRESS)

**ATTORNEY'S CERTIFICATION**

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

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

Date:

.....  
 (TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

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

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

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

Date:

.....  
 (TYPE OR PRINT NAME)

.....  
 (ADDRESS)

▶

---

(SIGNATURE)

**ATTORNEY'S CERTIFICATION**

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

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

Date:

.....  
 (TYPE OR PRINT NAME)

▶

---

(SIGNATURE OF ATTORNEY)

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

**APPRAISALS**

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

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

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

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

Date:

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

**STATEMENT ABOUT THE BOND**

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

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)
-------------------------------	--	------------------------------------------------------------

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

### 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:

<hr style="border: none; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)		<hr style="border: none; border-top: 1px solid black;"/> (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.)

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



ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  <hr/>  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> ESTATE OF ( <i>Name</i> ): <input type="checkbox"/> IN THE MATTER OF ( <i>Name</i> ):  <div style="text-align: center;"> <input type="checkbox"/> DECEDENT    <input type="checkbox"/> TRUST    <input type="checkbox"/> OTHER                 </div>	
<b>NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST</b>	CASE NUMBER: _____

**This notice is required by law.**  
**This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (*name*):  
 (*representative capacity, if any*):  
 has filed (*specify*):\*

2. You may refer to the filed documents for more information. (*Some documents filed with the court are confidential.*)

3. A HEARING on the matter will be held as follows:

a.	Date:	Time:	Dept.:	Room:
----	-------	-------	--------	-------

b. Address of court  shown above  is (*specify*):

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.)



\* Do **not** use this form to give notice of a petition to administer estate (see Prob. Code, § 8100 and form DE-121) or notice of a hearing in a guardianship or conservatorship (see Prob. Code, §§ 1511 and 1822 and form GC-020).

<input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> IN THE MATTER OF (Name):	CASE NUMBER:
<input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	

**CLERK'S CERTIFICATE OF POSTING**

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

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**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 Hearing—Decedent's Estate or Trust* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - a.  **depositing** the sealed envelope on the date and at the place shown in item 4 with the 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'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 Hearing—Decedent's Estate or Trust* 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.		

Continued on an attachment. (You may use Attachment to Notice of Hearing Proof of Service by Mail, form DE-120(MA)/GC-020(MA), for this purpose.)

\* Do not use this form for proof of personal service. You may use form DE-120(P) to prove personal service of this Notice.

**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](http://www.courts.ca.gov/forms) under the form group Probate—Decedents' Estates. A letter to the court stating your claim is *not* sufficient.

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

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

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

(Proof of Service by Mail on reverse)

Page 1 of 2

ESTATE OF <i>(Name)</i> :  _____	CASE NUMBER:  _____
DECEDENT	

**[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**

	<u>Name of person</u>	<u>Address (number, street, city, state, and zip code)</u>
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 <i>(Name, State Bar number, and address):</i>   TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i> _____	DECEDENT
<b>ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM</b>	CASE NUMBER: _____

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

**PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION**

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

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

**NOTICE TO CREDITOR ON REJECTED CLAIM**

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

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

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

**COURT'S APPROVAL OR REJECTION**

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

Date: \_\_\_\_\_ \_\_\_\_\_  
SIGNATURE OF JUDICIAL OFFICER

14. Number of pages attached: \_\_\_\_\_  SIGNATURE FOLLOWS LAST ATTACHMENT

*(Proof of Mailing or Personal Delivery on reverse)*

ESTATE OF (Name):	CASE NUMBER:
DECEDENT	

**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 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 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 <i>(Name, state bar number, and address):</i>  TELEPHONE AND FAX NOS.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR <i>(Name):</i> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF <i>(Name):</i>   DECEDENT	
<b>NOTICE OF PROPOSED ACTION</b> <b>Independent Administration of Estates Act</b> <input type="checkbox"/> <b>Objection</b> <input type="checkbox"/> <b>Consent</b>	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 <i>(Name)</i> :  _____	CASE NUMBER:  _____
DECEDENT	

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 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 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 <i>(Name, state bar number, and address):</i>	TELEPHONE AND FAX NOS.:	<b>FOR COURT USE ONLY</b>	
ATTORNEY FOR <i>(Name):</i>	<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:			
MAILING ADDRESS:	CITY AND ZIP CODE:	BRANCH NAME:	
ESTATE OF <i>(Name):</i>	DECEDENT		
<b>WAIVER OF NOTICE OF PROPOSED ACTION</b> <b>(Probate Code section 10583)</b> <b>(Revocation of Waiver)</b>		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):  _____	CASE NUMBER:  _____
DECEDENT	

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)