

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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="text-align: right;">DECEDENT</div>			
<b>PETITION FOR</b> <input type="checkbox"/> <b>Probate of Will and for Letters Testamentary</b> <input type="checkbox"/> <b>Probate of 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:  HEARING DATE:  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 60%;">DEPT.:</td> <td style="border: none; width: 40%;">TIME:</td> </tr> </table>	DEPT.:	TIME:
DEPT.:	TIME:		

1. Publication will be in (specify name of newspaper): **METROPOLITAN NEWS-ENTERPRISE or its designee**
  - 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 3d.  
       (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. Street address, city, and county of decedent's residence at time of death (specify): \_\_\_\_\_

ESTATE OF <i>(Name)</i> :   <div style="text-align: right;">DECEDENT</div>	CASE NUMBER:   
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3. c. **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))*: \$ \_\_\_\_\_

- d. (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 3d(2).)*
- (3)  All heirs at law are adults and have waived bond. *(Affix waiver as Attachment 3d(3).)*
- (4)  Sole personal representative is a corporate fiduciary or an exempt government agency.
- e. (1)  Decedent died intestate.
- (2)  Copy of decedent's will dated: \_\_\_\_\_  codicil dated *(specify for each)*: \_\_\_\_\_  
are affixed as Attachment 3e(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).

f. **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 3f(1)(c).)*
  - (d)  Other named executors will not act because of  death  declination  
 other reasons *(specify)*: \_\_\_\_\_
- Continued in Attachment 3f(1)(d).
- (2) Appointment of administrator:
  - (a)  Petitioner is a person entitled to Letters. *(If necessary, explain priority in Attachment 3f(2)(a).)*
  - (b)  Petitioner is a nominee of a person entitled to Letters. *(Affix nomination as Attachment 3f(2)(b).)*
  - (c)  Petitioner is related to the decedent as *(specify)*: \_\_\_\_\_
- (3)  Appointment of special administrator requested. *(Specify grounds and requested powers in Attachment 3f(3).)*

g. 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 <i>(Name)</i> :  _____	CASE NUMBER:  _____
DECEDENT	

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.