

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
ESTATE OF <i>(Name)</i> : _____ <div style="text-align: right;">DECEDENT</div>			
PETITION FOR <input type="checkbox"/> Probate of Will and for Letters Testamentary <input type="checkbox"/> Probate of Will and for Letters of Administration with Will Annexed <input type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: 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)*:

- 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.

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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.