| A ⁻ | TTORNEY OR PARTY WITHOUT AT | TTORNEY (Name, State Bar number, and add | ress): | FOR COURT USE ONLY | |
|----------------|--|---|---|---|--|
| _ | | | | | |
| | | | | | |
| | | | | | |
| | TELEPHONE NO.: | FAXI | IO. (Optional): | | |
| E | -MAIL ADDRESS (Optional): | | | | |
| | ATTORNEY FOR (Name): | | | | |
| S | SUPERIOR COURT OF C | CALIFORNIA, COUNTY OF | | | |
| | STREET ADDRESS: | | | | |
| | MAILING ADDRESS: | | | | |
| | CITY AND ZIP CODE: | | | | |
| | BRANCH NAME: | | | | |
| E | STATE OF (Name): | | | | |
| | | | DECEDENT | | |
| | IOTICE OF PETITION | TO A DAMINUCTED FOTATE | | CASE NUMBER: | |
| | | I TO ADMINISTER ESTATE | : OF | OAGE NOWIDER. | |
| (| Name): | | | | |
| 1. | To all heirs, beneficiarie | s, creditors, contingent creditor | s, 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 peti | tioner): | | |
| | | California, County of (specify): | , | | |
| | The Petition for Probate | | | | |
| - | | al representative to administer | the estate of the decedent. | | |
| 4. | The petition requ | ests the decedent's will and cod | | The will and any codicils are available | |
| | | n the file kept by the court. | | | |
| 5. | | | estate under the Independent Admi ny actions without obtaining court a | nistration of Estates Act. (This authority | |
| | | | | ce to interested persons unless they | |
| | have waived notic | ce or consented to the propose | d action.) The independent adminis | tration authority will be granted unless an | |
| | | | n and shows good cause why the co | ourt should not grant the authority. | |
| 6. | A hearing on the petiti | on will be held in this court a | s follows: | | |
| | a. Date: | Time: | Dept.: Ro | om: | |
| L | | | | | |
| | b. Address of court: | same as noted above | other (specify): | | |
| | | | | | |
| 7. | | | | ur objections or file written objections | |
| _ | with the court before the hearing. Your appearance may be in person or by your attorney. 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 | | | | |
| 8. | | | | | |
| | | | n 58(b) of the California Probate Co | om the date of first issuance of letters to | |
| | | | ction 9052 of the California Probate | | |
| | | | fect your rights as a creditor. Yoເ | ı may want to consult with an attorney | |
| _ | knowledgeable in Calif | | | | |
| 9. | | | re a person interested in the estate, | | |
| | | | Special Notice form is available fror | te assets or of any petition or account as n the court clerk | |
| 10. | Petitioner | Attorney for petitioner (name) | · | in the education. | |
| | | , acting for politioner (name) | • | | |
| | (Address): | | | | |
| | | | | | |
| | (Telephone): | | | | |
| NO | TE: If this notice is published, | print the caption, beginning with the wor | ds NOTICE OF PETITION TO ADMINISTER | ESTATE, and do not print the information from the | |

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.

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| | | DE 121 | | | | |
|--|---|--------------------------|--|--|--|--|
| E: | STATE OF (Name): | CASE NUMBER: | | | | |
| H | DECEDENT | | | | | |
| | PROOF OF SERVICE BY MAIL | | | | | |
| 1. 2. | | | | | | |
| 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. | 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. | realises (ramiser, eness, en | ty, ctato, and tip code, | | | | |
| | | | | | | |
| 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 <i>Request for Accommodations by Persons With Disabilities and Order</i> (form MC-410). (Civil Code section 54.8.) | | | | | |