

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101	
ESTATE OF _____	
<b>FIRST AND FINAL REPORT OF PERSONAL REPRESENTATIVE &amp; PETITION FOR FINAL DISTRIBUTION ON:</b> <input type="checkbox"/> WAIVER OF ACCOUNT OR <input type="checkbox"/> ACCOUNT; <input type="checkbox"/> PAYMENT OF STATUTORY FEES TO PERSONAL REPRESENTATIVE OR <input type="checkbox"/> WAIVER OF FEES; <input type="checkbox"/> PAYMENT OF STATUTORY FEES TO ATTORNEY OR <input type="checkbox"/> WAIVER OF FEES; <input type="checkbox"/> PAYMENT OF COSTS / REIMBURSEMENTS; <input type="checkbox"/> ATTORNEY FOR EXTRAORDINARY SERVICES; <input type="checkbox"/> PERSONAL REPRESENTATIVE FOR EXTRAORDINARY SERVICES; <input type="checkbox"/> WITHHOLDING; <input type="checkbox"/> REISSUANCE / EXTENSION OF LETTERS	CASE NUMBER _____

Petitioner(s) (name(s)) \_\_\_\_\_ allege(s):

1. Decedent (name) \_\_\_\_\_ died  testate  intestate on (date) \_\_\_\_\_ being a resident of the  County of San Diego, State of California /  County of \_\_\_\_\_ State of \_\_\_\_\_ at time of death.
  
2.  Will dated \_\_\_\_\_  and codicil dated \_\_\_\_\_ was/were admitted to Probate Court by order of this court on (date) \_\_\_\_\_.
  
3. Petitioner qualified as  executor  administrator  administrator with will annexed and Letters (JC Form #DE-150) were issued to petitioner on (date) \_\_\_\_\_. At all times since then, petitioner has been and now is duly qualified as the personal representative of the decedent's estate.
  
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 Estate Act, or  no authority.  
 This authority has not been revoked.
  
5. Petitioner's report covers the period of (date of death) \_\_\_\_\_ through \_\_\_\_\_.  
**Waiver of Accounting**  
 All beneficiaries or heirs waive an accounting and the required Waivers of Accounting are filed in this proceeding.  
 Schedule of assets on hand at end of reporting period are attached as Attachment 5.  
 Schedules of receipts, gains, and/or losses are attached as Attachment 5 (Refer to Cal. Rules of Court, rule 7.550(b)(6)).  
**Accounting**  
 A summary of accounting and accounting schedules are attached as Attachment 5.
  
6. Notice of Petition to Administer Estate (JC Form #DE-121) 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 (JC Form #DE-150). Reasonable efforts were made to identify creditors of the estate and a Notice of Administration (JC Form #DE-157)  has  has not been sent to all known creditors of the estate. The time for filing and presenting creditor's claims has expired.

ESTATE OF _____	CASE NUMBER _____
-----------------	-------------------

8.  Other than taxes or creditor claims addressed in this petition, petitioner has no reason to believe that any public entity listed in Prob. Code § 9201 has any basis for making a claim against the estate.

OR

Notice was sent as follows:

	Date Mailed		Date Mailed
<input type="checkbox"/> Sales and Use Tax	_____	<input type="checkbox"/> Motor Vehicle Fuel License Tax	_____
<input type="checkbox"/> Use Fuel Tax	_____	<input type="checkbox"/> Franchise and Income Tax	_____
<input type="checkbox"/> Cigarette Tax	_____	<input type="checkbox"/> Alcohol Beverage Tax	_____
<input type="checkbox"/> Unemployment Insurance	_____	<input type="checkbox"/> State Hospital for Mentally Disordered	_____

9. a.  The notice required by Prob. Code § 9202(a) was served on the California Department of Health Care Services on (date) \_\_\_\_\_, with a copy of the 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  did not receive and  was  was not the surviving spouse or registered domestic partner of a person who received Medi-Cal benefits.

b.  Petitioner knows of no heir that is confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department of Youth Authority or confined in any county jail, road camp, industrial farm, or other local correctional facility to which notice is required under Prob. Code § 9202(b); therefore, no notice is required to be given to the Director of the California Victim Compensation and Government Claims Board.

OR

Notice was given as required under Prob. Code § 9202(b) on (date) \_\_\_\_\_.

c. The notice given pursuant to Prob. Code § 9202(c) was mailed to the Franchise Tax Board on (date) \_\_\_\_\_.

10.  No Requests for Special Notice (JC Form #DE-154) have been filed in this proceeding.

OR

The following requests for special notice have been filed in this proceeding:  Continued on Attachment 10.

Name	Date Filed	Relationship

11. Petitioner has given notice to all persons entitled to notice, including those listed above who have requested special notice (SDSC Local Rule 4.5.1).  Continued on Attachment 11.

Name	Address Where Notice was Sent

12. 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.

ESTATE OF _____	CASE NUMBER _____
-----------------	-------------------

13. The following Inventory and Appraisal(s) (JC Form #DE-160) have been filed with the court:  Continued on Attachment 13.

Date Filed	Type	Amount
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
<b>Total Inventory and Appraisal Value:</b>		

14. The estate consists of  entirely  a combination of decedent's  separate  community  quasi-community property.

15.  Petitioner alleges that no family or affiliate relationships exist between petitioner and any agent hired by petitioner during the period of administration.

OR

The following family or affiliates were hired:  Continued on Attachment 15.

Name	Capacity Retained	Relationship

16.  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 in interest-bearing accounts.

17.  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 Estate Act for which notice of proposed action was required.  Continued on Attachment 17.

Nature of Action	Date Action was Taken	When & to Whom Notice was Given (Name & Date)	Notice Waived (Name & Date)	Objections Received (Name & Date)

ESTATE OF _____	CASE NUMBER _____
-----------------	-------------------

18.  No Creditor's Claim(s) (JC Form #DE-172) has/have been filed with the court.

OR

The following Creditor's Claim(s) (JC Form #DE-172) was/were filed with the court:  Continued on Attachment 18.

Date Claim Filed	Claimant	Amount of Claim	Amount Allowed	Amount Denied	Date Allowed / Denied

19.  The following written demands for payment were received within four months after Letters (JC Form #DE-150) were first issued, and 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.  Continued on Attachment 19.

Date Paid	Payee	Description	Amount

20. 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.

21.  No federal or 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.

22.  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) \_\_\_\_\_.

23.  No personal property taxes are due or payable by the estate.

OR

Personal property taxes are due and payable by the estate as follows (amount) \_\_\_\_\_.

24.  Petitioner waives all rights to statutory compensation as personal representative.

Attorney waives all right to statutory compensation.

OR

The statutory compensation due to petitioner as personal representative is in the sum of \_\_\_\_\_.

and/or statutory attorney's fees due to petitioner's attorney (name) \_\_\_\_\_ in the sum of \_\_\_\_\_ and is computed as follows:

24. *Continued*

Inventory Value Plus Receipts (receipts schedule must be attached) _____	4% of the first \$100,000 _____
Plus Gains on Sales (gains schedule must be attached) _____	3% of the next \$100,000 _____
Less Losses on Sales (losses schedule must be attached) _____	2% of the next \$800,000 _____
_____	1% of the next \$9,000,000 _____
<b>Total Calculation of Estate</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	½ of 1% of the next \$15,000,000 _____
	<b>Total Statutory Compensation</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

25. a.  Petitioner requests compensation for extraordinary services to the estate as described on Attachment 25a in the amount of \_\_\_\_\_ which has not been paid.
- b.  Petitioner requests compensation to Attorney (name): \_\_\_\_\_ for extraordinary services to the estate as described in Attachment 25b in the amount of \_\_\_\_\_ which has not been paid.
26. a.  Petitioner requests payment of costs/reimbursements for \_\_\_\_\_ in the amount of \_\_\_\_\_.
- b.  Attorney requests payment of costs/reimbursements for \_\_\_\_\_ in the amount of \_\_\_\_\_.
27. a.  Petitioner requests (amount) \_\_\_\_\_ to be reserved for  taxes and tax preparation fees  closing expenses  County Recorder fees  other: \_\_\_\_\_.
- OR
- No closing reserve is requested.
- b.  No supplemental accounting of the amount withheld is required.
- The accounting herein is waived and no supplemental accounting of the amount withheld is required.
- The account herein is not waived.
- The amount withheld is \$2,500 or more and requires a supplemental accounting for the amount withheld to be submitted for review before the final discharge will be granted (SDSC Local Rule 4.15.8).

28. a.  Petitioner alleges distribution of the estate should be made by intestate succession.

Explain relationship:  Continued on Attachment 28a.

b.  Petitioner alleges distribution of the estate should be made pursuant to the dispositive portion of the will which are set forth:  Continued on Attachment 28b.

29.  No preliminary distribution has been made.

OR

The following preliminary distribution(s) has/have been made:  Continued on Attachment 29.

Date of Order Authorizing Distribution	To Whom Made	Amount/Asset Distributed	Receipts Filed (Date)

30. Assets on hand at the end of report period:

Non-Cash Assets on Hand: \_\_\_\_\_

Cash Assets on Hand: \_\_\_\_\_

**Total Assets on Hand:**

Less:

Preliminary Distribution: \_\_\_\_\_

Statutory Attorney Fees: \_\_\_\_\_

Statutory Personal Representative Fees: \_\_\_\_\_

Extraordinary Fees: \_\_\_\_\_

Reimbursement Costs: \_\_\_\_\_

Reserve/Closing Costs: \_\_\_\_\_

**Cash Assets on Hand for Distribution:**

31.  Other allegations:  Continued on Attachment 31.

ESTATE OF

CASE NUMBER

**THEREFORE, petitioner prays that:**

1. The report and  Account  Waiver of Account of the personal representative is approved.
2. All acts of the petitioner as personal representative reported to the court are approved.
3.  Waiver of OR  payment to petitioner in the sum of \_\_\_\_\_ representing statutory commission for services rendered to the estate  and \_\_\_\_\_ representing fees for extraordinary services is approved.
4.  Waiver of OR  payment to petitioner's attorney \_\_\_\_\_ in the sum of \_\_\_\_\_ representing statutory fees for services rendered to the estate  and \_\_\_\_\_ representing fees for extraordinary services is approved.
5.  A reserve for closing costs in the amount of \_\_\_\_\_ is allowed.
6.  Letters (JC Form #DE-150) are  reissued  extended to expire on (date): \_\_\_\_\_.
7.  Other orders:  Continued on Attachment 7.



ESTATE OF

CASE NUMBER

8. Distribution of the assets of the estate is approved as follows: (Include name and relationship of each heir or beneficiary to decedent. If real property, include the address, legal description, and assessor's parcel number.)

Continued on Attachment 8.

[Empty rectangular box for distribution details]

ESTATE OF	CASE NUMBER
-----------	-------------

9. 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 is approved as follows:

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

\_\_\_\_\_  
Signature of Petitioner