

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
IN THE MATTER OF <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> ESTATE:	
<input type="checkbox"/> EX PARTE PETITION TO <input type="checkbox"/> EXTEND LETTERS / REISSUE LETTERS <input type="checkbox"/> REPORT OF STATUS OF ADMINISTRATION	CASE NUMBER

NOTE: Notice on any Report of Status of Administration must include the required language as set forth under Prob. Code §12201.

1. a. Petitioner(s) name(s): _____
 b. Petitioner(s) role in case: _____

2. **EXTENSION / REISSUANCE OF LETTERS**

- a. Petitioner requests that Letters:
 Testamentary of Administration with Will Annexed of Temporary Conservatorship
 of Administration of Special Administration of Temporary Guardianship
- b. be extended/reissued with the:
 same powers as granted on the previous Letters issued on (date) _____.
 following additional powers and/or powers excluded (*specific reason(s) for each addition/exclusion must be set forth*):

continued on attachment 2b.

- c. Previous Letters were issued on (date) _____ and expire(d) on (date) _____.

- d. Petitioner requests Letters be extended/reissued to (date) _____, for the following reasons:

continued on attachment 2d.

- e. Conformed copy of the previous Letters issued is attached.

3. **REPORT OF STATUS OF ADMINISTRATION**

- a. The estate is not in a condition to close and distribution cannot be made at this time for the following reasons (*must include an estimate of the time needed to close administration of the estate*): _____

continued on attachment 3a.

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4. The names and address of all parties entitled to notice, including parties who have submitted a Request for Special Notice (JC Form #DE-154/GC-035), are as follows:

Name	Address

continued on attachment 4.

5. Number of pages attached: _____

Date: _____

Type or print name of Attorney

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 of Petitioner

Signature of Petitioner

Type or print name of Petitioner

Signature of Petitioner