ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):					FOR COURT USE ONLY		
TELEPHONE NO.:	F	FAX NO. (Optional)	:				
EMAIL ADDRESS (Optional):							
ATTORNEY FOR (Name):	IEODAIIA COLINEY	/ OF CAN D	JE00				
SUPERIOR COURT OF CALI CENTRAL DIVISION, CENTRAL CENTRAL DIVISION, MADGE E	L COURTHOUSE, 1100	UNION ST., S	AN DIEGO, CA 92101	1			
IN THE MATTER OF CONSERV	/ATORSHIP	DIANSHIP [TRUST ESTATE	E:			
RESPONSE TO PROBATE NOTES					CASE NUMBER		
DATE:	TIME:		DEPT:		ROA #:		
	<u>l</u>			I			
Defect(s) listed in the Probat	te Notes dated		_are addressed	l with t	he submission	of the follow	ving
information:							
1. In response to Defect #	_:						
2. In response to Defect #	_:						
3. In response to Defect #	:						
	- '						
1 In reapones to Defect #	_						
4. In response to Defect #	_·						
5. In response to Defect #	_:						
C. In recognize to Defeat #							
6. In response to Defect #	_•						
☐ Additional information conti	nued on attachment	t 1.					

IN THE MATTER OF ☐ CONSERVATORSHIP ☐ GUARDIANSHIP ☐ TRUST ☐ EST	TATE: CASE NUMBER
7. ☐ One or more of the responses requires modification of the petition p	rayer. The entire prayer is restated as follows:
continued on attachment 2.	
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:	Signature of Petitioner
Date:	Signature of Petitioner