

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	
ESTATE OF _____	
PERSONAL REPRESENTATIVE DECLARATION FOR EXTRAORDINARY COMPENSATION	
CASE NUMBER _____	

1. I, _____, declare as follows:

2. I am the personal representative. I have personal knowledge of the facts set forth in this declaration in support of my request for payment of \$_____ (total fees) to me as fees for services provided. This request is for the period beginning _____ and ending _____.

3. **Rates for Services Charged.** I believe a reasonable rate for services I performed is \$_____ per hour. An explanation of my qualifications is detailed in item 6.

4. **Total Hours Spent.** I have performed a total of _____ hours of extraordinary services, as described in item 5, for which I seek extraordinary compensation.

The statutory fees in this estate are \$_____. I estimate a total of _____ hours were expended by me on statutory fee work. The time spent on extraordinary work, as detailed below, was required and benefited the estate, in relation to normal statutory fee work, as explained in item 7.

5. **Summary of Services Provided.** The services for which I am now seeking extraordinary compensation pursuant to California Rules of Court, rule 7.703 are summarized as follows (*provide attachments to describe the specific work done, and how the work benefited the estate, for each category fees are requested*):

a. **Extraordinary time spent attending to the sale, leasing, exchange, financing, or foreclosure of real or personal property.** Details of the services performed (*attach additional information, if necessary*): _____

Continued on Attachment 5a.

b. **Extraordinary time spent carrying on Decedent's business if necessary to preserve the business or under Court order.** Details of the services performed (*attach additional information, if necessary*): _____

Continued on Attachment 5b.

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c. **Extraordinary time spent preparing tax returns.** Details of the services performed (*attach additional information, if necessary*): _____

Continued on Attachment 5c.

d. **Extraordinary time spent handling audits or litigation connected with tax liabilities of the Decedent or of the estate.** Details of the services performed (*attach additional information, if necessary*): _____

Continued on Attachment 5d.

e. **Other.** The total hours expended on this category are _____, of which, declarant worked _____ hours; other attorney(s) worked _____ hours; and paralegal(s) or staff worked _____ hours. Details of the services performed (*attach additional information, if necessary*): _____

Continued on Attachment 5e.

6. **Reasonableness of Rates.** I believe the hours incurred and the rate sought are just and reasonable because:

Continued on Attachment 6.

7. **Difficulty of Tasks and Results Achieved.** The tasks set forth herein required more than ordinary skill or judgment because: _____

The results achieved were a benefit to the estate because: _____

Continued on Attachment 7.

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8. **Conclusion/Further Explanation or Justification.** _____

_____.

Continued on Attachment 8.

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 Declarant