SUPPR 501

AT	TORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
	ME:	
	DRESS: 'Y, STATE, ZIP:	
	-,	
	LEPHONE NO:	
	X NO. (Optional): IAIL ADDRESS:	
	TORNEY FOR (Name):	
SI	JPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ	
Sa	anta Cruz Branch	
70	01 Ocean Street, Room 110	
Sa	anta Cruz, CA 95060	
EC	TATE OF:	-
LS	TATE OF.	
FI	RST AND FINAL REPORT OF PERSONAL REPRESENTATIVE AND PETITION	CASE NUMBER:
	OR FINAL DISTRIBUTION ON:	CASE NOWIBER.
		LIEADING DATE.
۱⊨	WAIVER OF ACCOUNT or ACCOUNT; PAYMENT OF STATUTORY FEES TO PERSONAL REPRESENTATIVE ATTORNEY;	HEARING DATE:
۱⊨	<u>-</u>	
ᅡ┝	PAYMENT OF EXTRAORDINARY FEES TO PERSONAL REPRESENTATIVE ATTORNEY;	TIME:
╽┕	PAYMENT OF COSTS/REIMBURSEMENTS;	
╽┕	RESERVE;	DEPT:
I∟	REISSUANCE/EXTENSION OF LETTERS;	
	OTHER ORDERS	
Pet	itioner(s) (name(s)):	alleges:
1	Decedent (name)	died Theotote OD Tietestate
Ι.	Decedent (name):	diedtestate OR intestate
	on date: at (place):	
	being at the time of death a resident ofthe County of Santa Cruz, State	e of California OR 🔲 County of
	State of	
2.	Petitioner was appointed as Executor Administrator with Will Anne	xed Administrator Special
	Administrator with General Powers on (date)	
		and Letters were issued on
		and Letters were issued on
	(date):	and Letters were issued on
2	(date):	
3.	(date): and Codicil(s) dated	
3.	(date):	
	(date):	was/were
 3. 4. 	<pre>(date): Will dated and Codicil(s) dated admitted to Probate by order of this court. Petitioner was authorized to administer the estate withfull OR limit</pre>	was/were ited authority. And without court
	(date):	was/were ited authority. And without court
	(date): Will dated and Codicil(s) dated admitted to Probate by order of this court. Petitioner was authorized to administer the estate with full OR limits of the limit	was/were ited authority. And without court o authority.
	<pre>(date): Will dated and Codicil(s) dated admitted to Probate by order of this court. Petitioner was authorized to administer the estate withfull OR limit</pre>	was/were ited authority. And without court o authority.
4 . 5 .		was/were ited authority. And without court o authoritythrough (date)
4.	(date): Will dated and Codicil(s) dated admitted to Probate by order of this court. Petitioner was authorized to administer the estate with full OR limits of the limit	was/were ited authority. And without court o authoritythrough (date)
4 . 5 .	(date):	was/were ited authority. And without court o authoritythrough (date) ed as Attachment 6.
4 . 5 .	(date):	was/were ited authority. And without court o authority. through (date) ed as Attachment 6. It of an accounting. Waivers of
4 . 5 .	(date):	was/were ited authority. And without court o authority. through (date) ed as Attachment 6. It of an accounting. Waivers of

ES	TATE OF:	CASE NUMBER:						
7.	 a. More than four (4) months have elapsed since the issuance of Letters and reasonable efforts were made to identify creditors of the estate. The time for filling and presenting creditor's claims has expired. b. Notice of Administration was given to all known creditors of the estate within four months after the date Letters were first issued or within 30 days after the personal representative first has knowledge of the creditor was not required as there were no creditors. 							
8.	any public entity listed in Probate Code §9201 has any basis for making a claim							
	b. Notice pursuant to Probate Code §9201 was sent as follows:							
	Date Mailed Sales and Use Tax Motor Vehicle Fuel License Tax	Date Mailed						
	Use Fuel Tax Franchise and Income Tax							
	Cigarette Tax Alcohol Beverage Tax							
	Unemployment Insurance State Hospital for Mentally Disor	dered						
9.	The decedent did not receive and was not the surviving spouse or registered dome who received Medi-Cal benefits. Petitioner has no reason to believe the Department of has a claim against the estate.							
	OR							
	☐ Notice was served on the DHS on (date): with a copy of decertificate ☐ and with a copy of the death certificate of the decedent's pre-deceased partner (name): (Probate Code §9)	spouse or registered						
10.	Petitioner knows of no heir that is confined in a prison or facility under the jurisdict of Corrections of the Department of Youth Authority or confined in any county jail, rost or other local correctional facility. Therefore, notice is not required to be given to the California Victim Compensation and Government Claims Board (Probate Code §9201(b)	ad camp, industrial farm Director of the						
	OR							
	☐ Notice was served on the California Victim Compensation and Government Claims	Board on (date):						
11.	Notice pursuant to Probate Code §9202(c) was given to the Franchise Tax Board on (day	ate):						

E:	STATE OF:							(CASE NUMBER:	
12	12. The names and addresses of all parties entitle to notice, including parties who have submitted a Request for Special Notice are as follows:									
		Naı	me					Address		
										-
										-
										-
										1
										1
										-
	Continued in A	\++>	chmont 12]
		۱ιιa	ciiiieiit 12.							
13	. Petitioner allege	s:								
	a. The Proba	ite	Referee's fee was	paid o	n:					
			dministration incu s now in a conditi				ex	cept closing expen	ses and statutory fee	s,
			uring the period o						ish in interest-bearing	,
	d. No compe	ensa	ation has been pa	id from	assets	to the petition	er	or attorney withou	ıt court order.	
	e. The estate	e is	solvent ins	olvent						
14	. The following Inv	/en	tory and Appraisa	ıl(s) hav	e been	filed with the	со	urt:		
	Date Filed					Туре			Amount	
			Partial No:		Final	Supplemental		Corrected/Amended		
			Partial No:		Final	Supplemental		Corrected/Amended		
			Partial No:		Final	Supplemental		Corrected/Amended		
			Partial No:		Final	Supplemental		Corrected/Amended		
						Total In	ve	ntory and Appraisa	l Value:	
	Continued on	Att	tacnment 14.							
15	. The estate consist community prop			a comb	ination	of decedent's] separate 🗌 comr	munity 🔲 quasi-	

ES	TATE OF:					CASE NU	MBER:	
16.		lleges that no fam	· •	ationships exist	between petitic	oner and any a	gent hired by	
The following family or affiliates were hired:								
F	Na	ame	Сар	acity Retained		Relatio	nship	
-								
-								
-								
Ĺ	Continued o	n Attachment 16.						
17.	☐ No Creditor	's Claim(s) has/hav	ve been filed with	the court.				
	OR							
		ng Creditor's Claim	(s) was/wara file	d with the cour	t ·			
Г				T				
	Date Claim Filed	Claim	nant	Amount of Claim	Amount Allowed	Amount Denied	Date Allowed /Denied	
-								
-								
-								
-								
-								
[Continued or	n Attachment 17						
18.	Continued on Attachment 17 3. The following written demands for payment were received within four months after Letters were first issued, and were treaded 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.							
ļ	Date Paid	P	ayee		Description		Amount	
}								
ļ								
-								
L I	Continued or	n Attachment 18.		1				

ES	STATE OF:				CASE N	NUMBER:
19	. Petitioner did not take any a Estates Act for which notice of p	-	• •	e Independ	dent Ad	Iministration of
	OR					
	Petitioner took the following of Estates Act for which notice of			er the Inde	pender	nt Administration
	Name of Action	Date Action was Taken	When & to Whom Notice was Given (Name & Date)	Notice W (Name &		Objections Received (Name & Date)
	Continued on Attachment 19.		L	1		
20	. No federal or state estate ta	xes are due or	payable by the estate. All tax	es, if any, l	have be	een paid.
21	. No personal property taxes a	are due or paya	able by the estate. All taxes, i	f any, have	been p	oaid.
22	. No California or federal inco	me taxes are d	ue or payable by the estate.	All taxes, if	any, ha	ave been paid.
	OR					
	A final income tax return wil 26.	l be filed 🗌 an	nd any taxes due will be paid	by the rese	rve req	quested at item
23	. a. Statutory fee due to petitione	er as personal r	epresentative is [] (amount)		WAIVED.
	b. Statutory fee due to petitione	er's attorney is	amount)		WAI	VED.

ES	TATE OI	=:				CASE NUM	IBER:
	c. Stat	utory fee	s are calculated a	s follows:			
	(1)	Total Inv	ventory &		4% of the first \$10	0.000	
	(2) Receipts* 3% of the next \$300,000						
	(3) Gains on Sales* 2% of the next \$800,000						
(4) Losses on Sales 1% of the next \$9,000,000							
	` '			<u> </u>	½ of 1% of the next \$15,00		
	Tota	al Calcula	tion of Estate				
			(1+2+3+4)				
					Total Statutory Compens	sation	
24.	**Loss	es, if any,	must be included in	n fee calculation and sche	ust be attached. (California Rule o dules attached, even if account he in the amount of	erein is waiv	ved.
	Declar	ation pur	suant to Local Ru	ıle 4.2.15 is submitte	ed herewith will be submitt	ed prior to	the hearing.
	b. Attorney requests payment of extraordinary fees in the amount of A fee Declaration pursuant to Local Rule 4.2.15 is submitted herewith will be submitted prior to the hearing.						
25.			requests paymer of		ent for		
		-	requests payment of		nt for		
26.					be reserved fortaxes and t		
27.	_		_	expired will expire o	on (date) a 	and reques	ts that they
28.	The	e followin	ng preliminary dis	tribution(s) has/have b	een made:		
	Or Auth	te of der orizing bution	To W	hom Made	Amount/Asset Distribut	ted	Receipts Filed (Date)
-							
Ĺ	Cor	ntinued o	n attachment 28.				

Assets on hand at the end of report period:	
Total Value of Non-Cash Assets on Hand:	
Total Value of Cash Assets on Hand	
Less:	
Statutory Personal Representative	
Fees:	
Statutory Attorney Fees	
Extraordinary Fees	<u></u>
Reimbursement of Costs:	<u></u>
Reserve:	<u></u>
Remaining Cash Assets for Distribution:	
Distribution.	
relationship to decedent of all heirs are as follows:	

STATE OF:	CASE NUMBER:
b. Petitioner alleges distribution of the estate should be mad dispositive provision are as follows (must be verbatim):	e pursuant to decedent's Will/Codicil(s). The
<u> </u>	
Continued on Attachment 30b Other allegations:	
☐ Continued on Attachment 30b ☐ Other allegations:	

ES	STATE OF:	CASE NUMBER:
WI	HEREFORE, Petitioner prays for an order of this court as follows:	
1.	The report and account waiver of account of the personal representative is ap	proved.
2.	All acts of the petitioner as personal representative reported to the court are approve	ed.
3.	a. Payment to petitioner in the amount of representing sta	atutory fees.
	b. Payment to petitioner's attorney (name) amount of representing statutory fees.	in the
4.	a. Payment to petitioner in the amount of representing ex	traordinary fees.
	b. Payment to petitioner's attorney (name) amount of representing extraordinary fees.	in the
5.	a. Reimbursement of costs to the petitioner in the amount of	
	b. Reimbursement of costs to petitioner's attorney (name)amount of	in the
6.	A reserve in the amount of	
7.	Letters reissued/extended to expire on (date):	
8.	Other orders:	
	Continued on Attachment A	

ESTATE OF: CASE NUMBER:				
 Distribution of the assets of the estate is approved as follows: (Include name heir/beneficiary and description of each asset being distributed. If real prop description, and assessor's parcel number.) 				
Continued on Attachment B.				

ESTATE OF:	CASE NUMBER:
 Distribution of any property of the estate acquired of made, including any unused portion of the reserve, 	or discovered after the court order for final distribution is if any, is approved as follows:
Continued on Attachment C.	
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
Date:	
Type or Print Name of Petitioner	Signature of Petitioner