	SUPPR 501
ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:	FOR COURT USE ONLY
TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ	
Santa Cruz Branch	
701 Ocean Street, Room 110	
Santa Cruz, CA 95060	
ESTATE OF:	
FIRST AND FINAL REPORT OF PERSONAL REPRESENTATIVE AND PETITION FOR FINAL DISTRIBUTION ON:	CASE NUMBER:
WAIVER OF ACCOUNT or ACCOUNT; PAYMENT OF STATUTORY FEES TO PERSONAL REPRESENTATIVE ATTORNEY;	HEARING DATE:
PAYMENT OF EXTRAORDINARY FEES TO PERSONAL REPRESENTATIVE ATTORNEY; PAYMENT OF COSTS/REIMBURSEMENTS;	TIME:
RESERVE;	DEPT:
REISSUANCE/EXTENSION OF LETTERS; OTHER ORDERS	
Petitioner(s) (name(s)):	_
1. Decedent (name):	died testate OR intestate
on date:at (place):	
being at the time of death a resident ofthe County of Santa Cruz, State State of	
 Petitioner was appointed as Executor Administrator with Will Anne Administrator with General Powers on (date) (date): 	
3. Will dated and Codicil(s) dated admitted to Probate by order of this court.	was/were
4. Petitioner was authorized to administer the estate with full OR imi supervision under the Independent Administration of Estate Act, or no	-
5. Petitioner's report covers the period of (date of death)	through (date)
6. ACCOUNT: Summary of Account and accounting schedules are attached	ed as Attachment 6.
■ WAIVER OF ACCOUNT: All beneficiaries or heirs waive the requirement Account signed by each beneficiary or heir are submitted herewithin [

ESTATE 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. a. Other than taxes or creditor claims addressed in this petition, petitioner has no reason to believe that any public entity listed in Probate Code §9201 has any basis for making a claim against the estate.
 - b. Notice pursuant to Probate Code §9201 was sent as follows:

		Date Mailed		Date Mailed
Sales and	Use Tax		Motor Vehicle Fuel License Tax	
Use Fuel	Тах		Franchise and Income Tax	
Cigarette	Тах		Alcohol Beverage Tax	
Unemplo	yment Insurance		State Hospital for Mentally Disordered	

9. The decedent did not receive and was not the surviving spouse or registered domestic partner of a person who received Medi-Cal benefits. Petitioner has no reason to believe the Department of Health Services (DHS) has a claim against the estate.

OR

Notice was served on the DHS on (date):	_ with a copy of decedent's death
certificate i and with a copy of the death certificate of the decede	nt's pre-deceased spouse or registered
partner (name):	_ (Probate Code §9201(a)).

10. Petitioner knows of no heir that is confined in a prison or facility under the jurisdiction of the Department of Corrections of the Department of Youth Authority or confined in any county jail, road camp, industrial farm or other local correctional facility. Therefore, notice is not required to be given to the Director of the California Victim Compensation and Government Claims Board (Probate Code §9201(b)).

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 (date): ______

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12. The names and addresses of all parties entitle to notice, including parties who have submitted a Request for Special Notice are as follows:

Name	Address

Continued in Attachment 12.

- 13. Petitioner alleges:
 - a. The Probate Referee's fee was paid on: ______.
 - b. All costs of administration incurred to date have been paid, except closing expenses and statutory fees, and the estate is now in a condition to be closed.
 - c. At all times during the period of administration, petitioner has kept all surplus cash in interest-bearing accounts. There was no cash to invest in interest-bearing accounts.
 - d. No compensation has been paid from assets to the petitioner or attorney without court order.
 - e. The estate is solvent insolvent
- 14. The following Inventory and Appraisal(s) have been filed with the court:

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 Inventory and Appraisal Value:

Continued on Attachment 14.

15. The estate consists of entirely a combination of decedent's separate community quasicommunity property.

ESTATE OF:	CASE NUMBER:

16. 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:

Name	Capacity Retained	Relationship		

Continued on Attachment 16.

17. No Creditor's Claim(s) has/have been filed with the court.

OR

The following Creditor's Claim(s) was/were filed with the court:

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

Continued on Attachment 17

18. 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.

Date Paid	Рауее	Description	Amount

Continued on Attachment 18.

19. 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(s) without prior court approval under the Independent Administration of Estates Act for which notice of proposed action was required.

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

Continued on Attachment 19.

- 20. No federal or state estate taxes are due or payable by the estate. All taxes, if any, have been paid.
- 21. No personal property taxes are due or payable by the estate. All taxes, if any, have been paid.
- 22. No California or federal income taxes are due or payable by the estate. All taxes, if any, have been paid.
 - OR

A final income tax return will be filed and any taxes due will be paid by the reserve requested at item 26.

- 23. a. Statutory fee due to petitioner as personal representative is (amount) WAIVED.
 - b. Statutory fee due to petitioner's attorney is 🗌 (amount) _____ WAIVED.

ESTATE O	F:		c	ASE NUMBER:	
c. Stat	utory fee	s are calculated as follows:			
(1)	Total In	ventory &			
Appraisal Value		al Value	4% of the first \$100,000		
(2)	Receipt		3% of the next \$100,000		
(3)	(3) Gains on Sales* 2% of the next \$800,000				
(4)	Losses o	on Sales		1% of the next \$9,000,000	
			½ of 1% of the next \$15,000,0	000	
Tota	al Calcula	tion of Estate			
		(1+2+3+4)			
			Total Statutory Compensat	ion	
	 **Losses, if any, must be included in fee calculation and schedules attached, even if account herein is waived. 4. a. Petitioner 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. 				
b. 🗌 A	Attorney	requests payment of extraordinary fees i rsuant to Local Rule 4.2.15 [] is submitte	n the amount of	A fee	
	-				
		requests payment of costs/reimbursem	ent for		
in the	amount	of			
	-	requests payment of costs/reimburseme of	nt for		
	Petitioner requests (amount) to be reserved fortaxes and tax preparation feesto be reserved fortaxes and tax preparation feestaxes and tax preparat				
27. 🗌 Pe	titioner a	lleges Letters expired will expire ended to (date)		d requests that they	
28. 🗌 Th	e followir	g preliminary distribution(s) has/have b	een made:		
O Auth	te of rder orizing ibution	To Whom Made	Amount/Asset Distributed	Receipts Filed (Date)	

Continued on attachment 28.

ESTATE OF:	CASE NUMBER:
29. Assets on hand at the end of report period:	
Total Value of Non-Cash Assets on Hand:	
Total Value of Cash Assets on Hand	
Les	S:
Statutory Personal Representative	
Fees:	
Statutory Attorney Fees	
Extraordinary Fees	
Reimbursement of Costs:	
Reserve:	
Remaining Cash Assets for	
Distribution:	

30. a. Petitioner alleges distribution of the estate should be made by intestate succession. The names and relationship to decedent of all heirs are as follows:

Continued on Attachment 30a

ESTATE OF:	ASE NUMBER:

b. Petitioner alleges distribution of the estate should be made pursuant to decedent's Will/Codicil(s). The <u>dispositive provision are as follows (must be verbatim)</u>:

Continued on Attachment 30b

31. Other allegations:

Continued on Attachment 31

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 app	roved.
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	tutory 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 ext	raordinary 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:

9. Distribution of the assets of the estate is approved as follows: (Include name and relationship of each heir/beneficiary and description of each asset being distributed. If real property, include the address, legal description, and assessor's parcel number.)

Continued on Attachment B.

ESTATE OF:	CASE NUMBER:

10. 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, if any, is approved as follows:

Continued on Attachment C.

Date: _____

Type or Print Name of Attorney

Signature of Attorney

Signature of Petitioner

Signature of Petitioner

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

Date: _____

Type or Print Name of Petitioner