

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: 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: <input type="checkbox"/> WAIVER OF ACCOUNT <i>or</i> <input type="checkbox"/> ACCOUNT; <input type="checkbox"/> PAYMENT OF STATUTORY FEES TO <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> PAYMENT OF EXTRAORDINARY FEES TO <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> PAYMENT OF COSTS/REIMBURSEMENTS; <input type="checkbox"/> RESERVE; <input type="checkbox"/> REISSUANCE/EXTENSION OF LETTERS; <input type="checkbox"/> OTHER ORDERS	CASE NUMBER: HEARING DATE: TIME: DEPT:

Petitioner(s) (name(s)): _____ alleges:

- Decedent (name): _____ died ☐ testate OR ☐ intestate on date: _____ at (place): _____ being at the time of death a resident of ☐ the County of Santa Cruz, State of California OR ☐ County of _____ State of _____.
- Petitioner was appointed as ☐ Executor ☐ Administrator with Will Annexed ☐ Administrator ☐ Special Administrator with General Powers on (date) _____ and Letters were issued on (date): _____.
- ☐ Will dated _____ ☐ and Codicil(s) dated _____ was/were admitted to Probate by order of this court.
- Petitioner was authorized to administer the estate with ☐ full OR ☐ limited authority. And without court supervision under the Independent Administration of Estate Act, or ☐ no authority.
- Petitioner's report covers the period of (date of death) _____ through (date) _____
- ☐ **ACCOUNT:** Summary of Account and accounting schedules are attached as Attachment 6.

☐ **WAIVER OF ACCOUNT:** All beneficiaries or heirs waive the requirement of an accounting. Waivers of Account signed by each beneficiary or heir ☐ are submitted herewithin ☐ will be filed prior to the hearing.

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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
<input type="checkbox"/> Sales and Use Tax	_____	<input type="checkbox"/> Motor Vehicle Fuel License Tax	_____
<input type="checkbox"/> Use Fuel Tax	_____	<input type="checkbox"/> Franchise and Income Tax	_____
<input type="checkbox"/> Cigarette Tax	_____	<input type="checkbox"/> Alcohol Beverage Tax	_____
<input type="checkbox"/> Unemployment Insurance	_____	<input type="checkbox"/> 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 ☐ and with a copy of the death certificate of the decedent'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	Type	Amount
	<input type="checkbox"/> Partial No: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
Total Inventory and Appraisal Value:		

☐ Continued on Attachment 14.

15. The estate consists of ☐ entirely ☐ a combination of decedent's ☐ separate ☐ community ☐ quasi-community property.

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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 treated 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	Payee	Description	Amount

☐ Continued on Attachment 18.

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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.

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c. Statutory fees are calculated as follows:

(1) Total Inventory & Appraisal Value	_____	4% of the first \$100,000	_____
(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	_____
		½ of 1% of the next \$15,000,000	_____
Total Calculation of Estate			
(1+2+3+4)	_____	Total Statutory Compensation	_____

*If including receipts or gains in fee calculation, schedules must be attached. (California Rule of Court 7.550(b)(6).

**Losses, if any, must be included in fee calculation and schedules attached, even if account herein is waived.

24. 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. ☐ 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. a. ☐ Petitioner requests payment of costs/reimbursement for _____ in the amount of _____.
- b. ☐ Attorney requests payment of costs/reimbursement for _____ in the amount of _____.
26. ☐ Petitioner requests (amount) _____ to be reserved for ☐ taxes and tax preparation fees ☐ closing expenses ☐ county recorder fees ☐ other: _____.
27. ☐ Petitioner alleges Letters ☐ expired ☐ will expire on (date) _____ and requests that they be reissued/extended to (date) _____.
28. ☐ The following preliminary distribution(s) has/have been made:

Date of Order Authorizing Distribution	To Whom Made	Amount/Asset Distributed	Receipts Filed (Date)

☐ Continued on attachment 28.

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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	_____
	Less: _____
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

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

☐ Continued on Attachment 30b

31. ☐ Other allegations:

☐ Continued on Attachment 31

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WHEREFORE, Petitioner prays for an order of this court as follows:

1. The report and ☐ account ☐ waiver of account of the personal representative is approved.
2. All acts of the petitioner as personal representative reported to the court are approved.
3. a. ☐ Payment to petitioner in the amount of _____ representing statutory fees.
b. ☐ Payment to petitioner's attorney (name) _____ in the amount of _____ representing statutory fees.
4. a. ☐ Payment to petitioner in the amount of _____ representing extraordinary fees.
b. ☐ Payment to petitioner's attorney (name) _____ in the amount of _____ representing extraordinary fees.
5. a. ☐ Reimbursement of costs to the petitioner in the amount of _____.
b. ☐ Reimbursement of costs to petitioner's attorney (name) _____ in the amount of _____.
6. ☐ A reserve in the amount of _____.
7. ☐ Letters reissued/extended to expire on (date): _____.
8. ☐ Other orders:

☐ Continued on Attachment A

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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.

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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

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