

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: STREET ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
MATTER OF: <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR <input type="checkbox"/> TRUST/OTHER	
WAIVER OF NOTICE (PROBATE)	CASE NUMBER:

The undersigned hereby waives notice of the hearing on the petition for:

_____ (Title of Petition)

filed herein by: _____ (Name of Petitioner)

and scheduled to be heard by this court on (date) _____ at (time) _____ in Department _____.

Executed at (City and State) _____ on (date) _____.

(Typed or Printed Name)

(Signature)