

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 _____	
FIRST AND FINAL REPORT OF PERSONAL REPRESENTATIVE AND PETITION FOR FINAL DISTRIBUTION ON: <input type="checkbox"/> ACCOUNT <input type="checkbox"/> WAIVER OF 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	DEPT _____ CASE NUMBER _____

1. Petitioner(s) (name, address, and relationship to decedent) _____
_____.
2. Decedent died testate intestate on _____ (date) as a resident of the County of San Diego, State of California / County of _____, State of _____.
3. Petitioner was appointed as Executor Administrator with Will Annexed Administrator Special Administrator with General Powers on _____ (date) and Letters (JC Form #DE-150) were issued on _____ (date).
4. Will dated _____ and Codicil(s) dated _____ was admitted to Probate by order of this court.
5. Petitioner was authorized to administer the estate with full limited authority and without court supervision under the Independent Administration of Estate Act, or no authority.
6. Petitioner's report covers the period of _____ (date of death) through _____ (date).
7. a. **ACCOUNT**
Summary of Account and accounting schedules are attached as *Attachment 7a*.
- b. **WAIVER OF ACCOUNT**
All beneficiaries or heirs waive the requirement of an accounting. Waivers of Account signed by each beneficiary or heir are submitted herewith will be filed prior to the hearing.
8. a. More than four months have elapsed since the issuance of Letters (JC Form #DE-150) and reasonable efforts were made to identify creditors of the estate. The time for filing and presenting creditor's claims has expired.
- b. Notice of Administration (JC Form #DE-157) was given to all known creditors of the estate within four months after the date Letters (JC Form #DE-150) were first issued or within 30 days after the personal representative first had knowledge of the creditor was not required as there were no creditors.

9. 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 section 9201 has any basis for making a claim against the estate.
- b. Notice pursuant to Probate Code section 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	_____

10. a. The decedent did not receive and/or was not the surviving spouse/registered domestic partner of a person who received Medi-Cal benefits. Notice was not required to be sent to the California Department of Health Care Services.

b. The decedent received and/or was the surviving spouse/registered domestic partner of a person who received Medi-Cal benefits. Notice required by Probate Code section 9202(a) was sent to the California Department of Health Care Services on _____(date), with a copy of the decedent's death certificate and/or a copy of the death certificate of the decedent's pre-deceased spouse/registered domestic partner.

11. a. Petitioner knows of no heir that is or has previously been confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department of Youth Authority or confined in any county jail, road camp, industrial farm, or other local correctional facility to which notice is required under Probate Code section 9202(b); therefore, no notice is required to be given to the Director of the California Victim Compensation and Government Claims Board.

b. Notice pursuant to Probate Code section 9202(b) was given to the Director of The California Victims Compensation and Government Claims Board on _____(date).

12. Notice pursuant to Probate Code section 9202(c) was given to the Franchise Tax Board on _____(date).

13. The names and address of all parties entitled to notice, including parties who have submitted a Request for Special Notice (JC Form #DE-154/GC-035), are as follows:

Name	Address

continued on attachment 13.

14. Petitioner alleges:

- a. The Probate Referee's fee was paid on _____ (date).
- b. All costs of administration incurred to dated have been paid, except closing expenses and statutory fees, and the estate is now in a condition to close.
- 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.

15. The following Inventory and Appraisal(s) (JC Form #DE-160) 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	
<input type="checkbox"/> continued on attachment 15. Total Inventory and Appraisal Value:		

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

17. a. Petitioner alleges that no family or affiliate relationships exist between petitioner and any agent hired by petitioner during the period of administration.

b. The following family or affiliates were hired:

Name	Capacity Retained	Relationship

continued on attachment 17.

18. a. No Creditor's Claim(s) (JC Form #DE-172) has been filed with the court.

b. The following Creditor's Claim(s) (JC Form #DE-172) was filed with the court:

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

continued on attachment 18.

19. The following written demands for payment were received within four months after Letters (JC Form #DE-150) 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 19.

20. a. 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.

b. Petitioner took the following action(s) without prior court approval under the Independent Administration of Estate Act for which notice of proposed action was required.

Nature 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 20.

21. No federal or state estate taxes are due or payable by the estate. All taxes, if any, have been paid.

22. No personal property taxes are due or payable by the estate. All taxes, if any, have been paid.

23. a. No California or federal income taxes are due or payable by the estate. All taxes, if any, have been paid.

b. A final income tax return will be filed and any taxes due will be paid by the reserve requested at item 27.

24. a. Statutory fee due to petitioner as personal representative is (amount) _____ **WAIVED**.

b. Statutory fee due to petitioner's attorney is (amount) _____ **WAIVED**.

24. c. Statutory fees are calculated as follows:

(1) Total Inventory & Appraisal Value _____		4% of the first \$100,000 _____
(2) Receipts* _____		3% of the next \$100,000 _____
(3) Gains on Sales* _____		2% of the next \$800,000 _____
(4) Losses on Sales** _____		1% of the next \$9,000,000 _____
Total Calculation of Estate (1+2+3-4) _____		½ of 1% of the next \$15,000,000 _____
Total Statutory Compensation _____		

** If including receipts or gains in fee calculation, schedules must be attached. (Cal. Rules of Court, rule 7.550(b)(6))*
**** Losses, if any, must be included in fee calculation and schedules attached, even if account herein is waived.**

25. a. Petitioner requests payment of extraordinary fees in the amount of _____. A Fee Declaration pursuant to SDSC Local Rule 4.16.2C.4 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 SDSC Local Rule 4.16.2C.4 is submitted herewith will be submitted prior to the hearing.

26. a. Petitioner requests payment of costs/reimbursements for _____ in the amount of _____.

b. Attorney requests payment of costs/reimbursements for _____ in the amount of _____.

27. a. Petitioner requests _____ (amount) to be reserved for taxes and tax preparation fees closing expenses County Recorder fees other: _____.

Note: If the account herein is not waived and the amount withheld is more than \$5,000, a supplemental accounting for the amount withheld will be required prior to the discharge of the personal representative.

28. Petitioner alleges Letters (JC Form #DE-150) expired will expire on _____ (date) and requests that they be reissued/extended to _____ (date).

29. The following preliminary distribution(s) has been made:

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

continued on attachment 29.

30. 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:

31. 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 31a.

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

continued on attachment 31b.

32. Other allegations:

continued on attachment 32.

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 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 (JC Form #DE-150) reissued/extended to expire on _____ (date).
8. Other orders:

continued on attachment A.

ESTATE OF	CASE NUMBER
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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.

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

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

Signature of Petitioner

Type or print name

Signature of Petitioner