

SAMPLE DOCUMENT - FOR INFORMATION ONLY

1 *Name, Address and Telephone Number of Person Without Attorney:*

5 In Pro Per

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 COUNTY OF SANTA CLARA

<p>11 In the Matter of the Estate of</p> <p>12</p> <p>13</p> <p>14</p> <p>15 Decedent.</p> <p>16</p> <p>17</p> <p>18 _____</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>Case No.:</p> <p>(FIRST AND FINAL ACCOUNT/WAIVER OF</p> <p>ACCOUNT) AND REPORT OF</p> <p>(EXECUTOR/ ADMINISTRATOR/</p> <p>ADMINISTRATOR- WITH-WILL ANNEXED),</p> <p>PETITION FOR (ALLOWANCE OF</p> <p>STATUTORY FEES TO PERSONAL</p> <p>REPRESENTATIVE AND FOR) FINAL</p> <p>DISTRIBUTION</p> <p>Date:</p> <p>Time: 9:00 a.m.</p> <p>Dept.</p>
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19 The petition of *[name of personal representative]* _____, as
20 *[executor/administrator/administrator-with-will-annexed]* _____ of the Estate of
21 *[name of decedent]* _____, deceased alleges:

22 **1. DATE OF DEATH AND DOMICILE.**

23 *[name of decedent]* _____ died on *[date]* _____ in
24 the City of _____, County of _____, State of California, and
25 was a resident of that county at the time of *[his/her]* _____ death.

26 **2. APPOINTMENT OF PERSONAL REPRESENTATIVE.**

27 The decedent's Will dated _____ and codicil dated _____
28 *[was/were]* admitted probate by order of this court on *[date Order for Probate was entered]* _____

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1 _____ [OR: Despite search and inquiry, no will of decedent has been found]. Petitioner qualified as
2 [executor/administrator/administrator-with-will-annexed] _____ of the estate and [Letters
3 Testamentary/Letters of Administration/Letters of Administration-with-will-annexed] _____
4 were issued to petitioner on [date Letters were issued] _____. At all times since
5 then petitioner have been acting as the duly qualified [executor/administrator/administrator-with-will-
6 annexed] _____ of the decedent's estate.

7 **3. AUTHORITY GRANTED UNDER INDEPENDENT ADMINISTRATION OF**
8 **ESTATES ACT.**

9 On [date Order for Probate was signed] _____, petitioner was granted authority by
10 order of this court to administer the estate without court supervision under the Independent
11 Administration of Estates Act. This authority has not been revoked.

12 **4. STATUS OF ESTATE.**

13 Petitioner has performed all duties required of [him/her] for the estate of the decedent
14 with respect to the administration of the estate. The estate is now ready for distribution and
15 is in a condition to be closed.

16 **5. NOTICE OF DEATH.**

17 Notice of Petition to Administer Estate, which constitutes one form of notice to
18 creditors, has been published for the period and in the manner prescribed by law. Within
19 thirty (30) days after the completion of publication, an Affidavit of Publication showing due
20 publication in the manner and form required by law was filed with the clerk of the court.
21 Reasonable efforts were made to identify creditors of the estate and Notice of Administration
22 to Creditors was sent to all known creditors of the estate on [date or dates when Notice was mailed]
23 _____. More than four months have elapsed since the first issuance of
24 Letters, and the time for filing or presenting claims has expired.

25 **6. CREDITORS' CLAIMS.**

26 [All/No/The following] claims have been filed with the court or presented to the personal
27 representative:
28

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<u>Name of Creditor</u>	<u>Date Claim Filed</u>	<u>Purpose</u>	<u>Amount</u>
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7. COMPLIANCE WITH PROBATE CODE §9202.

Notice to the Director of Health Services is not required under Probate Code Section 9292 because the decedent did not receive and was not the surviving spouse of someone who received Medi-Cal benefits */or/* Notice to the Director of Health Services has been given as required by law under Probate Code Section 9202. A notice was received from the Director of Health Services stating that no creditor's claim will be filed against the estate because decedent has not received any Medi-Cal benefits. Petitioner sent no notice of the decedent's death to the Director of the California Victim Compensation or to the Government Claims Board under Probate Code section 9202(b), because no heir is confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department of the Youth Authority or confined in any county or city jail, road camp, industrial farm, or other local correctional facility. */or/* Notice to the Director of the California Victim Compensation *or* to the Government Claims Board has been given under Probate Code section 9202(b). No creditor's claim has been received *or* the creditor's claim of \$_____ has been paid as set forth above. Petitioner sent the notice to the Franchise Tax Board required by Probate Code section 9202(c) as provided in section 1215 on _____, 20__.

8. DEBTS OF DECEDENT.

All debts of decedent and of the estate and all expenses of administration, except closing expenses and statutory commissions of the personal representative *[and their attorneys]* have been paid.

9. INVENTORY AND APPRAISAL.

An Inventory and Appraisal was returned and filed on *[date inventory was filed]* _____ showing a value of \$ _____. *[If additional inventories filed, add: A Supplemental Inventory and Appraisal was filed in the amount of \$ _____ for total assets belonging to the estate of \$ _____.]* Petitioner alleges that such *[inventory/inventories]* contain all

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1 the assets of decedent's estate that have come to petitioner's knowledge or into [his/her]
2 possession.

3 **10. ACTIONS TAKEN UNDER INDEPENDENT ADMINISTRATION OF**
4 **ESTATES ACT.**

5 *[Describe action taken, for example: Decedent's real property located at _____*

6 _____ was sold to _____ for \$ _____, on (date) _____

7 _____] under the Independent Administration of Estates Act. A Notice of Proposed
8 Action was given as prescribed by law to the persons entitled to receive notice. No objections
9 to the sale were received. *[Add, if applicable: The net proceeds of sale will be distributed as part of the residue of*
10 *the decedent's estate.]*

11 **11. PERSONAL PROPERTY TAXES.**

12 All personal property taxes due and payable by this estate have been paid /or/ No
13 personal property taxes are due and payable by this estate.

14 **12. CALIFORNIA AND FEDERAL ESTATE TAXES.**

15 A federal estate tax return, Form 706, has not been filed because the estate is not
16 sufficient to require such a return. No California estate taxes are due and payable by this
17 estate.

18 **13. INCOME TAXES.**

19 All California and federal income taxes due and payable by the estate will be paid by
20 the personal representative from decedent's estate prior to distribution /or/ No California or
21 federal income taxes are due and payable by the estate.

22 **14. INVESTMENT OF CASH ON HAND.**

23 Petitioner has invested and maintained all cash in interest bearing accounts or in
24 investments authorized by law or the governing instrument, except for an amount of cash
25 that is reasonably necessary for the orderly administration of the estate.

26 **15. WAIVER OF ACCOUNT. [if applicable]**

27 *[Name(s)],* the person(s) entitled to distribution of all of the estate, waive(s) an account by
28 petitioner, which waiver(s) *[are on file/will be filed]* in this proceeding.

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15. SUMMARY OF ACCOUNT. *[if account not waived]*

Petitioner is chargeable with and is entitled to the credits set forth in the Summary of Account below. The account covers the period from *[date of death]* _____ to *[end of period covered by account]* _____. Schedules A through _____ in support of the Summary of Account are attached hereto and incorporated herein by this reference.:

CHARGES

Inventory and Appraisal	\$ _____
Supplemental Inventory and Appraisal (if any)	\$ _____
Additional Property Received (if any)	\$ _____
Income Receipts During Account Period (Schedule A)	\$ _____
Gains on Sales or Other Disposition of Assets (Schedule B)	\$ _____
Net Income from Trade or Business (if any) (Schedule C)	\$ _____
Total Charges	\$ _____

CREDITS

Disbursements During Accounting Period (Schedule D)	\$ _____
Losses on Sales or Other Disposition of Assets (Schedule E)	\$ _____
Net Loss from Trade or Business (if any) (Schedule F)	\$ _____
Distributions to Beneficiaries (if any) (Schedule G)	\$ _____
Property on Hand at End of Accounting Period (Schedule G)	\$ _____
Total Credits	\$ _____

16. CHARACTER OF PROPERTY.

The whole of the estate is decedent's *[separate/one-half interest in the community property of decedent and his/her surviving spouse/quasi-community]* property *[or describe interests, if mixed]*.

17. SCHEDULE OF PURCHASES OR OTHER CHANGES IN FORM OF ASSETS.

Certain assets were disposed of or changed in form during the administration of the estate. All changes in investments are shown on Attachment _____, attached hereto and made a part hereof by reference.

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18. INTESTATE HEIRS/DEVISEES UNDER WILL.

The following are the *[decedent's heirs under the laws of intestate succession/devisees named in the decedent's Will]*:

<u>Name</u>	<u>Age</u>	<u>Relationshi</u> <u>p</u>	<u>Address</u>
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19. PROPOSED DISTRIBUTION OF ESTATE.

[By the terms of the decedent's will/Pursuant to the laws of intestate succession], the estate should be distributed [as follows/as shown on Attachment ____].

<u>Name</u>	<u>Description of Share of Estate</u>
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The residue of the estate, insofar as is known to petitioner, consists of the assets listed on *[Schedule ___ of the account/Attachment _____]*.

20. COMPUTATION OF STATUTORY COMPENSATION.

The statutory *[executor's/administrator's/administrator-with-will-annexed's]* compensation *[and the statutory attorneys' compensation - if applicable]*, payable *[to each]* for their services are \$ _____, computed on a fee base of \$ _____, arrived at as follows:

FEE BASE	
Inventory and Appraisal	\$ _____
Supplemental Inventory (if any)	\$ _____

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1	Income Receipts During Account Period	\$ _____
2	Gains on Sales	\$ _____
3	Less: Losses on Sale	\$ _____
4	TOTAL FEE BASE	\$ _____
5	FEE COMPUTATION	
6	4% of first \$100,000	\$4,000.00
7	3% of next \$100,000	\$3,000.00
8	2% of next \$800,000	\$ _____
9	1% of next \$1,000,000 to \$10,000,000	\$ _____
10	TOTAL FEE	\$ _____

21. STATUTORY [EXECUTOR'S/ADMINISTRATOR'S] COMPENSATION

Petitioner should be authorized to pay [himself/herself] the sum of \$ _____
_____ as and for ordinary services rendered to the estate in discharge of this obligation /or/
By [his/her] signature on this petition, petitioner waives [his/her] right to statutory commissions
as [executor/administrator/ administrator-with-will-annexed].

**22. DISCLOSURE OF RELATIONSHIPS BETWEEN FIDUCIARY, ATTORNEYS,
AND OTHER AGENTS HIRED BY FIDUCIARY**

Petitioner has no personal, financial or other relationship with attorneys or other
agents hired by the petitioner.

23. CLOSING EXPENSES.

Petitioner asks that [he/she] be authorized to withhold the sum of \$ _____
_____ to offset closing costs and expenses, and as a reserve for any liability that may
hereafter be determined to be due from this estate.

24. SPECIAL NOTICE.

[No one - or list names of person] has filed a Request for Special Notice.

WHEREFORE, petitioner prays for an order of this court that:

1. The administration of this estate be brought to a close [if accounting has been waived, add:
"without the requirement of an accounting by the executor/administrator/administrator-with-will-annexed"];

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1 2. The *[list caption of document, for example: (FIRST AND FINAL ACCOUNT/WAIVER OF ACCOUNT)*
2 *AND REPORT OF (EXECUTOR/ADMINISTRATOR/ ADMINISTRATOR- WITH-WILL ANNEXED), PETITION*
3 *FOR (ALLOWANCE OF STATUTORY FEES TO PERSONAL REPRESENTATIVE AND FOR) FINAL*
4 *DISTRIBUTION]* be settled, allowed, and approved as filed;

5 3. All the acts and proceedings of petitioner as *[executor/administrator/administrator-with-will-*
6 *annexed]* be confirmed and approved;

7 4. Petitioner shall be authorized to withhold \$ _____ to defray closing
8 expenses and to pay any additional liabilities;

9 5. *[if applicable]* Petitioner shall be authorized and directed to pay *[himself/herself]* the sum
10 of \$ _____, representing statutory compensation for ordinary services
11 rendered in the administration of this estate.

12 6. Distribution of the estate of decedent in petitioner's hands and any other property
13 of decedent or the estate not now known or discovered be made to the persons entitled to it,
14 as set forth in the petition; and that

15 7. Such further order be made as the court considers proper.

16 Dated: _____.

[name] _____, Petitioner

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VERIFICATION
CCP 446, 2015.5

I declare that:

I am the [executor/administrator/administrator-with-will-annexed] of the above-entitled estate. I have read the foregoing [(FIRST AND FINAL ACCOUNT/WAIVER OF ACCOUNT) AND REPORT OF (EXECUTOR/ADMINISTRATOR/ ADMINISTRATOR- WITH-WILL ANNEXED), PETITION FOR (ALLOWANCE OF STATUTORY FEES TO PERSONAL REPRESENTATIVE AND FOR) FINAL DISTRIBUTION], and know the contents thereof; the same is true of my own knowledge, except as to those matters which are therein stated upon my information or belief, and as to those matters I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this verification was executed on [date] _____ at [city/state] _____.

Dated: _____

(Signature)

(Type or print name)