

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO		CASE NUMBER:
STREET ADDRESS:	1035 Palm Street, Room 385	
MAILING ADDRESS:	Same as above	
CITY AND ZIP CODE:	San Luis Obispo, CA 93408	
BRANCH NAME:	San Luis Obispo	
ESTATE OF:		
Hearing Date:	Time:	Department:
FIRST AND FINAL REPORT OF PERSONAL REPRESENTATIVE AND PETITION FOR FINAL DISTRIBUTION ON (Check one box):		
<input type="checkbox"/> WAIVER OF ACCOUNT; OR <input type="checkbox"/> ACCOUNT		
<input type="checkbox"/> AND FOR PAYMENT OF COMPENSATION FOR ORDINARY AND/OR EXTRAORDINARY SERVICES TO (Check one or both):		
<input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> ATTORNEY FOR PERSONAL REPRESENTATIVE		
(Probate Code Sections 10831, 10951, 10954, 11640, et seq)		

Petitioner(s) (name(s)): _____
 allege(s): _____

1. Decedent (name): _____
 died testate intestate on (date): _____
 at (place): _____ being a resident of the County of
 San Luis Obispo, State of California, at the time of his or her death.

2. Will dated _____ and codicil dated _____
 was/were admitted to Probate by order of this Court on (date): _____.

3. Petitioner qualified as Executor Administrator Administrator with Will Annexed and Letters were issued to
 Petitioner on (date): _____. At all times since then, Petitioner has been, and now is, duly qualified as the
 Personal Representative of Decedent's Estate.

4. On _____ by order of this Court, Petitioner was authorized to administer the estate under the
 Independent Administration of Estates Act with full **OR** limited authority. This authority has not been revoked.

5. Notice of Petition to Administer Estate has been published for the period and in the manner as prescribed by law,
 and within thirty (30) days after completion of the publication there was filed with the Clerk of this Court an affidavit
 showing the publication in the manner and form required by law.

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6. More than four (4) months have elapsed since the issuance of Letters. Reasonable efforts were made to identify creditors of the estate and Notice of Administration has has not been sent to all known creditors of the estate. The time for filing and presenting creditor's claims has expired.
7. Notice was mailed to the Franchise Tax Board on (date): _____ . (Prob. Code, § 9202, subd. (c).)
8. a. The decedent did not own a business at the time of his or her death. Petitioner has no reason to believe that the State Board of Equalization (BOE) has any basis for making a claim against the estate for unpaid taxes related to retail sales or sales of cigarettes, motor vehicle fuel or alcoholic beverages. Petitioner has no reason to believe that the Employment Development Department (EDD) has a claim for unpaid unemployment insurance. (Prob. Code, § 9201.)
- OR**
- Notice was served on the BOE on (date): _____ and on the EDD on (date): _____ .
- b. Neither the decedent nor his or her spouse, father, mother nor child was a patient in a state institution under the jurisdiction of the California Department of Mental Health (DMH). Petitioner has no reason to believe the Department of Mental Health has any basis for making a claim against the estate.
- OR**
- Notice was served on the DMH on (date): _____ .
- c. 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 domestic partner (name) (Prob. Code, § 9202, subd. (a).): _____ .
- d. Petitioner knows of no heir that is 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. Therefore, notice is not required to be given to the Director of the California Victim Compensation and Government Claims Board. (Prob. Code, § 9202, subd. (b).)
- OR**
- Notice was served on the California Victim Compensation and Government Claims Board on (date): (Prob. Code, § 9202, subd. (b).)

9. No requests for special notice have been filed in this proceeding.

OR

The following requests for special notice have been filed in this proceeding:

Name	Date Filed	Relationship

Continued in Attachment 9.

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10. Petitioner has performed all required duties as Personal Representative of the Estate. All costs of administration incurred to date, including costs of publication and the probate referee's fees, have been paid and the estate is now in a condition to be closed.
11. 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	

Continued in Attachment 11.

12. The estate consists entirely of **OR** of a combination of Decedent's separate community quasi-community property.
13. Petitioner alleges that no family or affiliate relationship exists 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 in Attachment 13.

14. There was no cash to invest in interest-bearing accounts.
OR
 At all times during the period of administration, Petitioner has kept all surplus cash invested in interest-bearing accounts.
15. 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 without prior court approval under the Independent Administration of Estates Act for which notice of proposed action was required:

a. Nature of action: _____

i. Date action was taken: _____.

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ii. When and to whom notice was given (name & date):

Name	Date

iii. When notice was waived and if so, by whom:

Name	Date

iv. Objections received:

Name	Date

Continued in Attachment 15.

16. No Creditors' Claims were filed with the Court.

OR

The following Creditors' Claims were filed with the Court:

a. Name of Claimant: _____
 Date claim filed: _____
 Amount of claim: _____
 Claim was:
 allowed for :\$ _____
 rejected for: \$ _____
 on (date): _____
 and the Allowance or Rejection of Creditor's Claim (DE-174) was filed on (date): _____

b. Name of Claimant: _____
 Date claim filed: _____
 Amount of claim: _____
 Claim was:
 allowed for :\$ _____
 rejected for: \$ _____
 on (date): _____
 and the Allowance or Rejection of Creditor's Claim (DE-174) was filed on (date): _____

Continued in Attachment 16.

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17. 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 in Attachment 17.

18. The estate is solvent insolvent and Petitioner has paid not paid all Decedent's debts and debts of the estate and all expenses of administration except closing expenses and fees.

19. No federal or state estate tax return has been filed because the estate was not of sufficient size to require such a return and no estate taxes are due.

OR

A federal state estate tax return has been filed, taxes owing, if any, have been paid, and the estate has been released from further liability or no clearance letter for estate taxes has yet been received.

20. No California or federal income taxes are due or payable by the estate.

OR

Income taxes are due and payable by the estate as follows (amount):
\$ _____.

21. No personal property taxes are due or payable by the estate.

OR

Personal property taxes are due and payable by the estate as follows (amount):
\$ _____.

22. Petitioner waives all rights to statutory compensation as Personal Representative.

Attorney waives all rights to statutory fees.

OR

The statutory compensation due to Petitioner as Personal Representative is the sum of
\$ _____.

and the statutory compensation due to Petitioner's attorney (name: _____)
is the sum of \$ _____ and is computed as follows:

Inventory Value	\$	_____.
Plus Receipts	\$	_____.
<i>(Receipts schedule must be attached)</i>		
Plus Gains on Sale	\$	_____.
<i>(Gains schedule must be attached)</i>		
Less Losses on Sales	-\$	_____.
<i>(Losses schedule must be attached)</i>		
Total Estate Value	\$	_____.

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4% of the first \$100,000.00	\$ _____.
3% of the next \$100,000.00	\$ _____.
2% of the next \$800,000.00	\$ _____.
1% of the next \$9,000,000.00	\$ _____.
½ of 1% of the next \$15,000,000.00	\$ _____.
 Total statutory compensation	 \$ _____.

23. Petitioner requests compensation for extraordinary services to the estate as described in attachment 23a in the amount of \$_____ which has not been paid.
- Petitioner requests compensation to Attorney (name): _____ for extraordinary services to the estate as described in attachment 23b in the amount of \$_____ which has not been paid.
- Petitioner requests that his or her attorney be allowed costs as described in attachment 23c in the amount of \$_____, which has not been paid. See Local Rule 11.1102 (e) (ii).

24. Petitioner requests \$_____ to be reserved for:
- Taxes and tax preparation fees
 - Closing expenses
 - County Recorder fees
 - Other: _____.
- OR**
- No reserve is requested.

25. Petitioner is informed, believes and therefore alleges that the following persons are beneficiaries and/or heirs of the Decedent, and are entitled to distribution as indicated below or in attachment 25* as follows:

Name	Relationship	Age	Share of Estate

*If any party is under the age of majority, please list the guardian, trustee, custodian or parent of that minor on attachment 25. Local Rule 11.1102(d).

26. No preliminary distribution has been made.
- OR**
- The following preliminary distributions have been made:

Date of Order Authorizing Distribution	To Whom Made	Amount/Asset Distributed

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Continued in Attachment 26.

27. Assets on hand available for distribution are as follows: *(If real property, include address, legal description, and Assessors parcel number):*

1. _____

2. _____

Continued in Attachment 27.

28. Petitioner's report covers the period of (date of death): _____ through _____.

All beneficiaries and/or heirs waive an accounting by Petitioner and the required Waivers of Accounting are on file in this proceeding.

A summary of accounting and accounting schedules are attached hereto. *(You may use Judicial Council Forms GC-400(SUM), GC-405(A), GC-405(C), and other forms in the GC-405 series as appropriate).*

29. If interest or income accruing during the administration is distributable pursuant to Probate Code § 12000 et seq., a statement of the amount due and the method of calculation must be attached as Attachment 29. Local Rule 11.1102(e)(v).

30. Other allegations attached as Attachment 30.

THEREFORE, Petitioner prays that

31. The report and account waiver of account of the Personal Representative be approved;

32. All acts of Petitioner as Personal Representative be confirmed and approved;

33. An order be made authorizing the waiver of payment of fees to Petitioner **OR** payment to Petitioner of the sum of \$ _____ representing statutory commission for services rendered to the Estate and \$ _____ representing fees for extraordinary services.

34. An order be made authorizing the waiver of payment of fees to Petitioner's attorney **OR** payment to Petitioner's attorney \$ _____ representing statutory compensation for services rendered to the estate and \$ _____ representing fees for extraordinary services **OR** payment to Petitioner's attorney in the sum of \$ _____ representing a reduced amount that the attorney has agreed to accept in lieu of statutory compensation.

35. An order be made allowing a reserve for closing costs in the amount of \$ _____.

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36. An order be made authorizing the distribution of assets of the estate as follows:

Name	Relationship	Age	Share of Estate

Continued in Attachment 36.

37. An order be made authorizing 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 for closing costs as follows:

Name	Relationship	Age	Share of Estate

Continued in Attachment 37.

38. Other orders as specified in Attachment 38.

Dated: _____

Signature of Attorney

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature of Petitioner

(Type or print name of Petitioner)

Dated: _____

Signature of Petitioner

(Type or print name of Petitioner)