

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO 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 Division		
ESTATE OF:	CASE NUMBER:	
NOTICE TO FRANCHISE TAX BOARD Probate Code § 9202 (c)		

1. You are hereby given notice of administration of the estate of the following person:
 - a. Decedent's Name: _____.
 - b. Date of Death: _____.
 - c. Social Security Number: _____.
2. A copy of the decedent's death certificate is attached.
3. The party providing you with this notice is as follows:
 - a. Name: _____.
 - b. Address: _____.
 - c. Telephone: _____.
 - d. Capacity: Estate Attorney Personal Representative.
4. If you have a claim against the above mentioned estate, please forward documentation to the address indicated in item 3 above.

Date: _____

(Signature of party providing notice)

Insert case name:	CASE NUMBER
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PROOF OF SERVICE

1. I am over the age of 18 and am not a party to this case. I live or work in the county where the mailing occurred.

2. My (the servers) home or business address is as follows:

3. I served the foregoing NOTICE OF ADMINSTRATION, FRANCHISE TAX BOARD by enclosing a copy in an envelope addressed to:

Franchise Tax Board
 P.O. Box 2952, MS A-454
 Sacramento, California 95812-9974

4. Date mailed: _____, Place mailed (city, state): _____ .

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

(Date signed)

(Print Name)

(Signature)