

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): _____ TELEPHONE NO.: _____ EMAIL ADDRESS (Optional) _____ ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY							
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA								
<input type="checkbox"/> Santa Barbara–Anacapa 1100 Anacapa Street Santa Barbara, CA 93101	<input type="checkbox"/> Santa Maria-Cook 312-C East Cook Street Santa Maria, CA 93454	<input type="checkbox"/> Lompoc Division 115 Civic Center Plaza Lompoc, CA 93436						
ESTATE OF: _____								
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 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		CASE NUMBER: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">HEARING DATE:</td> <td style="width: 33%; padding: 2px;">TIME:</td> <td style="width: 33%; padding: 2px;">DEPT:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	HEARING DATE:	TIME:	DEPT:			
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- Petitioner(s) (name(s)): _____ allege(s): _____
1. Decedent (name): died testate **OR** intestate on date: _____ at (place): _____
 _____ being at the time of death a resident of the County of Santa Barbara, State of California **OR** (identify state and country of residence): _____.
 2. Will dated _____ and codicil dated _____ was/were admitted to Probate by order of this court on (date) _____.
 3. Appointment of Personal Representative (Check all applicable options)
 - a. Petitioner was appointed as special administrator and Letters were issued on (date): _____.
 - b. Petitioner was appointed as Executor Administrator Administrator with Will Annexed and Letters were issued on (date): _____.
 - c. At all times since then, Petitioner has been, and now is, the personal representative of decedent's estate.
 - d. Petitioner's authority as personal representative of this estate was terminated by court order on (date): _____.
 - e. Other (Attachment 3e).
 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 This authority has not been revoked.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. [Reserved]

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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.
- a. Notice of Administration has been sent to all known creditors of the estate.
 - b. Notice of Administration has not been sent to all known creditors of the estate for the reasons stated in Attachment 6b.
 - c. No creditors were found.

7. Other than taxes or creditor claims otherwise 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; or Notice was sent as follows:

Date Mailed

- Employment Development Department: _____
- State Board of Equalization: _____
- Department of State Hospitals _____

8. a. The notice required by Probate Code § 9202(a) was mailed to the Director of the California Department of Health Care Services 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)*: _____;

OR

- b. The decedent did not receive and was not the surviving spouse or registered domestic partner of a person who received Medi-Cal benefits. Therefore, no notice to the California Department of Health Care Services is required.

9. a. The notice required by Probate Code § 9202(b) was mailed to the Director of the California Victim Compensation and Government Claims Board on *(date)*: _____;

OR

- b. 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. 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).)

10. Notice to the Franchise Tax Board was mailed on *(date)*: _____, as required by Probate Code § 9202 (c).

11. No requests for special notice have been filed in this proceeding.
 The following requests for special notice have been filed in this proceeding:

Name	Date Filed	Relationship

- Continued on Attachment 11.

Insert Case Name:	CASE NUMBER:
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12. 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.

- a. Petitioner does not request reimbursement from the estate for any filing fee, publication fee, or other costs advanced to the estate, or has already been reimbursed from the estate; **OR**
- b. Petitioner requests an order authorizing reimbursement from the estate for the following costs advanced from petitioner's personal funds.

Date Incurred	Payee	Purpose	Amount
Total			

- c. Petitioner requests an order authorizing reimbursement from the estate for the following costs advanced by petitioner's attorney.

Date Incurred	Payee	Purpose	Amount
Total			

Continued on Attachment 12

13. 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 on Attachment 13.

14. The estate consists entirely of **OR** of a combination of Decedent's separate community quasi- community property.

15. 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 on Attachment 15.

16. 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

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17. 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: _____
 Date action was taken: _____
 When and to whom notice was given (*name & date*): _____
 When notice was waived and if so, by whom: _____
 Objections received: _____
- b. Nature of action: _____
 Date action was taken: _____
 When and to whom notice was given (*name & date*): _____
 When notice was waived and if so, by whom: _____
 Objections received: _____

Information regarding additional actions taken attached as Attachment 17.

18. No Creditors' Claims were filed with the court.

OR

The following Creditors' Claims were filed with the court:

a. Allowed Claims That Have Been Paid:

Claimant Name	Date Claim Filed	Claim Amount	Amount Allowed	Date Claim Paid
		\$	\$	
		\$	\$	
		\$	\$	

Continued on Attachment 18a.

b. Allowed Claims That Have Not Been Paid

Petitioner requests an order to pay the following claims plus 10% interest from the date of the order as required by Probate Code §§11422-11423:

Claimant Name	Date Claim Filed	Claim Amount	Amount Allowed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total:			\$

Continued on Attachment 18b.

c. Rejected Claims

(For claims rejected in part and accepted in part, the claim should be listed twice. The rejected portion should be listed in this subsection and the accepted portion should be listed in the appropriate subsection above.)

Claimant Name	Date Claim Filed	Claim Amount	Amount Rejected	Date Rejection Served	Case Number and Status of Civil Action (if any)

Continued on Attachment 18c

Insert Case Name:	CASE NUMBER:
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19. 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

Continued on Attachment 17.

20. 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.

21. 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.

22. 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*): \$ _____.

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

OR

Real or personal property taxes are due and payable by the estate as follows:

Date Payment Was Due	Name of Taxing Entity	Description of Property Taxed	Amount Due
			\$
			\$
			\$
Total			\$

24. No reserve is requested.

Petitioner requests \$ _____ to be reserved for taxes and tax preparation fees closing expenses County Recorder fees and/or Other: _____. The court, in its discretion, may require an accounting of the reserve.

25. Compensation

a. The statutory compensation of the personal representative and statutory attorney's fees are calculated as follows:

Inventory Value	\$ _____	
Plus Receipts	\$ _____	(Receipts schedule must be attached)
Plus Gains on Sales	\$ _____	(Gains schedule must be attached)
Less Losses on Sales	\$ _____	(Losses schedule must be attached)

Value of Estate Accounted for: \$ _____

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

Total statutory compensation: \$ _____

b. Petitioner:

- requests payment of statutory compensation
- waives all rights to statutory compensation as personal representative
- agrees to accept \$ _____ in lieu of statutory compensation, which is less than statutory compensation, computed above.

c. Petitioner's attorney:

- requests payment in the amount of the statutory fees
- waives all rights to statutory fees
- agrees to accept \$ _____ in lieu of statutory compensation, which is less than statutory compensation, computed above.

d. No other person was appointed personal representative of the decedent in this state, and therefore no division or statutory compensation is necessary;

OR

Attachment 25(d) provides a list of all persons appointed as personal representative of decedent in this state, including petitioner. (For each personal representative, indicate (1) the date letters issued; (2) the date letters were revoked, stricken, or superseded; and (3) the portion of the statutory compensation that personal representative should receive, and (4) whether apportionment is made based on agreement or services rendered and the facts to support the apportionment.)

e. No other person has served as attorney of record for a personal representative of the decedent in this state, and therefore no division or statutory compensation is necessary;

OR

Attachment 25(e) provides a list of all attorneys who have served as attorney of record for a personal representative of decedent in this state, including petitioner's counsel. (For each personal representative, indicate (1) the date letters issued; (2) the date letters were revoked, stricken, or superseded; and (3) the portion of the statutory compensation that personal representative should receive, and (4) whether apportionment is made based on agreement or services rendered and the facts to support the apportionment.)

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26. Petitioner requests compensation for extraordinary services to the estate as described in attachment 26a in the amount of \$ _____ which has not been paid. The attachment includes a statement of facts that satisfies CRC 7.702

Petitioner requests compensation to attorney (*name*): _____ for extraordinary services to the estate as described in attachment 26b in the amount of \$ _____ which has not been paid. The attachment includes a statement of facts that satisfies CRC 7.702. (Itemized billing statements generally satisfies this requirement.)

27. Petitioner's accounting covers the period of (*date of death*) _____ through _____. 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.*)

OR

All beneficiaries and/or heirs waive an accounting by Petitioner and the required Waivers of Accounting are on file in this proceeding (use Local Form SC-_____), and any additional information required by CRC 7.550 is contained in Attachment 27.

28. No preliminary distribution has been made;

The following preliminary distributions have been made:

Date of Order Authorizing Distribution	Distribution Made To:	Amount/Asset Distributed:
Total:		

Information regarding additional beneficiaries contained on Attachment 28.

29. Assets on hand available for distribution are on Attachment 29 are as follows: (*If real property, include address, legal description, and Assessor's parcel number*):

Continued in Attachment 29.

30. 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 on Attachment 30:

Name	Relationship to Decedent	Age	Share of Estate/Assets to be Distributed

Continued in Attachment 30.

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31. Other allegations attached as Attachment 31.

THEREFORE, Petitioner prays that

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

33. All acts of petitioner as personal representative be confirmed and approved;

34. An order be made authorizing the waiver of payment to petitioner in the sum of \$ _____ representing statutory commission for services rendered to the estate and \$ _____ representing commissions for extraordinary services.

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

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

37. An order be made authorizing distribution of the estate as indicated in Attachment 35 as follows:

Name	Relationship	Age	Share of Estate/Assets to be Distributed

Continued on Attachment 37.

38. An order be made distributing 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 indicated in Attachment 36 as follows:

Name	Relationship	Age	Share of Estate/Assets to be Distributed

Continued in Attachment 38.

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39. Other orders as specified in Attachment 39.

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: _____

 (Type or Print Name of Petitioner)

 (Signature of Petitioner)

 (Type or Print Name of Petitioner)

 (Signature of Petitioner)