	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number	er, and address):	FOR COURT USE ONLY			
L	_					
	TELEPHONE NO.:	FAX NO. (Optional):				
		TAX NO. (Optional).				
	E-MAIL ADDRESS (Optional):					
	ATTORNEY FOR (Name):					
	SUPERIOR COURT OF CALIFORNIA, COUNTY	OF				
	STREET ADDRESS:					
	MAILING ADDRESS:					
	CITY AND ZIP CODE:					
	BRANCH NAME:					
	ESTATE OF (Name):					
		DECEDENT				
	NOTICE OF PETITION TO ADMINISTER E	STATE OF	CASE NUMBER:			
	(Name):					
	· ,					
1.	. To all heirs, beneficiaries, creditors, contingent		be interested in the will or estate,			
	or both, of (specify all names by which the dece	edent was known):				
2.	. A <b>Petition for Probate</b> has been filed by (name	e of petitioner):				
	in the Superior Court of California, County of (s)					
3.	s. The Petition for Probate requests that (name):					
٠.	be appointed as personal representative to adm	ninister the estate of the decedent.				
4.		and codicils, if any, be admitted to probate.	The will and any codicils are available			
	for examination in the file kept by the cou		•			
5.		ster the estate under the Independent Admi				
		ake many actions without obtaining court a				
		representative will be required to give notice				
		proposed action.) The independent administ e petition and shows good cause why the co				
6	5. A hearing on the petition will be held in this	· ·	our should not grant the authority.			
٥.	A hearing on the petition will be held in the					
	a. Date: Time:	Dept.: Roo	om:			
	b. Address of court: same as noted a	bove other (specify):				
7.	. If you object to the granting of the petition, you	should appear at the hearing and state you	ur objections or file written objections			
	with the court before the hearing. Your appearance may be in person or by your attorney.					
8.	If you are a creditor or a contingent creditor of the decedent, you must file your claim with the court and mail a copy to the					
	personal representative appointed by the court					
	a general personal representative, as defined in mailing or personal delivery to you of a notice u					
	Other California statutes and legal authority					
	knowledgeable in California law.	may anost your rights as a stoution roo	may want to conount with an attorney			
9.	You may examine the file kept by the court.	If you are a person interested in the estate.	vou may file with the court a			
-	Request for Special Notice (form DE-154) of the					
	provided in Probate Code section 1250. A Requ					
10	0. X Petitioner Attorney for petitioner	(name):				
-	, ,	•				
	(Address):					
	(Telephone):480-318-8786					

NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

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ESTA	ATE OF (Name):			CASE NUMBER:		
_		]	DECEDENT			
	PROOF OF SERVICE BY MAIL					
a	ddressed as shown below AND		ow by enclosing a copy in an envelope			
a.	a depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.					
b.	nown in item 4 following our ordinary ting and processing correspondence for ailing, it is deposited in the ordinary with postage fully prepaid.					
4. a.	. Date mailed:	b. Place mailed (city, state):				
5.	I served, with the Notice of Petiti	on to Administer Estate, a copy of the	e petition or o	ther document referred to in the notice.		
I decla	are under penalty of perjury under the	laws of the State of California that the	ne foregoing is	s true and correct.		
Date:		<b>)</b>	1			
(T	TYPE OR PRINT NAME OF PERSON COMPLETING TH	HIS FORM)	(SIGNATURE	OF PERSON COMPLETING THIS FORM)		
		DDRESS OF EACH PERSON TO W				
_	Name of person served	Address (num	<u>ber, street, ci</u>	ty, state, and zip code)		
1.						
2.						
3.						
L						
4.						
5.						
6.						
	Continued on an attachment. (	You may use form DE-121(MA) to she	ow additional	persons served.)		
a٧	ssistive listening systems, computer-a vailable upon request if at least 5 days ccommodations by Persons With Disa	s notice is provided. Contact the cler	k's office for I	Request for		