

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> IN THE MATTER OF (name):  <input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	
<b>NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST</b>	CASE NUMBER:
<p><i>This notice is required by law. You are not required to appear in court, but you may attend the hearing and object or respond if you wish. If you do not respond or attend the hearing, the court may act on the filing without you.</i></p>	

1. NOTICE is given that (name):  
 (fiduciary or representative capacity, if any):  
 has filed a petition, application, report, or account (specify complete title and briefly describe):\*


The filing is a report of the status of a decedent's estate administration made under Probate Code section 12200. See the NOTICE below.  
 Please refer to the filed documents for more information about the case. (Some documents filed with the court are confidential.)

2. A HEARING on the matter described in 1 will be held as follows:

<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Hearing Date</b> </div>	Date: Dept.:	Time: Room:	Name and address of court, if different from above:
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**NOTICE**

**If the filing described in 1 is a report of the status of a decedent's estate administration made under Probate Code section 12200, YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNTING UNDER SECTION 10950 OF THE PROBATE CODE.**

	<p><b>Requests for Accommodations</b></p> <p>Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to <a href="http://www.courts.ca.gov/forms">www.courts.ca.gov/forms</a> for Request for Accommodations by Persons With Disabilities and Response ( ). (Civ. Code, § 54.8.)</p>
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<input type="checkbox"/> ESTATE OF (name):	<input type="checkbox"/> IN THE MATTER OF (name):	CASE NUMBER:
<input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER		

**CLERK'S CERTIFICATE OF POSTING**

1. I certify that I am not a party to this cause.
2. A copy of the foregoing *Notice of Hearing—Decedent's Estate or Trust*
  - a. was posted at (address):
  
  
  - b. was posted on (date):

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**PROOF OF SERVICE BY MAIL\***

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify):
  
  
3. I served the foregoing *Notice of Hearing—Decedent's Estate or Trust* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - a.  **depositing** the sealed envelope on the date and at the place shown in item 4 with the U.S. Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
4.
  - a. Date mailed:
  - b. Place mailed (city, state):
5.  I served with the *Notice of Hearing—Decedent's Estate or Trust* a copy of the petition or other document referred to in item 1 of the Notice.

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

Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

	<u>Name</u>	<u>Address (street &amp; number, city, state, zip code)</u>
1.	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
2.	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
3.	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
4.	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
5.	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

Continued on an attachment. (You may use Attachment to Notice of Hearing Proof of Service by Mail, form DE-120(MA)/GC-020(MA), for this purpose.)

\* Do **not** use this form for proof of personal service. You may use form DE-120(P) to prove personal service of this Notice.

