

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON		
IN THE MATTER OF (<i>Name</i>):	CASE NUMBER: _____	
CONFIDENTIAL TRUST DOCUMENTS COVERSHEET Local Rule 4-202	HEARING DATE: _____	
	DEPT: _____	TIME: _____

NOTICE TO PETITIONER

Where a trust is a beneficiary of a decedent's estate and the proposed personal representative is also trustee of the trust, you must file a true and correct copy of the trust, including any amendments, disclaimers, and any directions or instructions to the trustee that affect the disposition of the trust. The documents will be a confidential filing that shall not be released to any party absent a prior order to the court.

PLEASE NOTE **ONLY COPIES** OF TRUST DOCUMENTS AND **NOT ORIGINALS** SHOULD BE ATTACHED TO THIS FORM. ANY DOCUMENTS ATTACHED TO THIS FORM WILL BE SHREDDED AND DESTROYED AFTER ELECTRONIC IMAGING.

1. Petitioner/proposed personal representative:

Name: _____ Telephone: _____
 Address: _____

2. Number of pages, including this cover sheet, being submitted: _____

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

Date: _____

SIGNATURE (PETITIONER/PROPOSED PERSONAL REPRESENTATIVE)