

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> _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: 180 E WEBER AVENUE CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON	CASE NUMBER: _____
IN THE MATTER OF <i>(Name):</i> _____	HEARING DATE: _____
DECLARATION IN SUPPORT OF AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE Local Rule 4-304	DEPT: _____ TIME: _____

I/We, declare (either (1) or (2) must be completed):

1. The Decedent died:

- with a Will (testate). A copy of the Will is attached to the affidavit. The original Will has been separately lodged with the court as required by Probate Code §8200.
- without a will (intestate). The decedent was survived by the following:

2. The Decedent was survived by: *(Check all that apply)*

- Spouse No spouse Divorced or never married Spouse deceased
- Registered domestic partner No registered domestic partner
- Natural or adopted child
- Descendant of a deceased child
- Stepchild or foster child who would have been adopted by decedent but for a legal barrier

3. If the decedent left no descendants (if no boxes in #2 above are marked), complete the first box that applies:

- A parent or parents
- A sibling by one or both parents
- A descendant of a sibling
- A grandparent or grandparents
- A descendant of a grandparent
- A parent or parents of a predeceased spouse
- Other next of kin of the decedent (describe): _____
- A parent or parents of a predeceased spouse
- A sibling of a predeceased spouse
- A descendant of a sibling of a predeceased spouse

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4. List the name and relationship of each person represented by a checked box above:

Name	Relationship

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

Date: _____

(PRINT NAME)

(SIGNATURE)

Date: _____

(PRINT NAME)

(SIGNATURE)

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