

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):

TELEPHONE NO:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

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

ESTATE OF:

CASE NUMBER:

**STATUS REPORT OF ADMINISTRATION
(Probate Code § 12200 et seq.)**

HEARING:DATE:

DEPT:

TIME:

INFORMATION TO THE PERSONAL REPRESENTATIVE OF THE ESTATE: You must give notice of this status report using form DE-120 and must include the following statement in no less than 10-point boldface type: YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNT UNDER SECTION 10950 OF THE CALIFORNIA PROBATE CODE.

Petitioner (name): _____, is the personal representative of the decedent's estate and alleges the following:

- 1. Decedent's date of death: _____
- 2. Date letters testamentary/letters of administration were issued: _____
- 3. The Inventory and Appraisal was filed on _____

The total value of the estate is: _____

4. All persons entitled to notice of the petition are listed in Exhibit A, attached hereto.

5. Is a federal tax return required? Yes No

6. What is the condition of the estate? Answer yes or no to each of the following:

- a. Has Petitioner performed all required duties as personal representative? Yes No
- b. Have all known debts of the decedent been paid? Yes No
- c. Have all administration costs incurred to date, except for compensation to the personal representative and the personal representative's attorney been paid? Yes No
- d. Is the estate solvent? Yes No
- e. Have any creditors' claims been filed? Yes No
- f. If the answer to "e" is yes, have all claims been allowed? Yes No
- g. Is there any pending litigation involving the estate? Yes No

STATUS REPORT OF ADMINISTRATION

IN RE:	CASE NUMBER:
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If the answer to 6 “a,” “b,” “c,” “d,” or “f” above is no, explain below. If the answer to 6 “g” is yes, describe and give current status below:

Continued on attachment

7. How much additional time is needed to complete the administration of the estate? Explain.

Continued on attachment

PRAYER: Petitioner requests authority to continue administration of the estate until: _____

Date: _____

Signature of Attorney or if none, Petitioner

VERIFICATION

I, _____, am the Petitioner in the above-entitled proceeding, have read the foregoing petition and know the contents thereof. The same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this verification was executed on [date]

Date: _____

Signature of Petitioner

STATUS REPORT OF ADMINISTRATION

IN RE:	CASE NUMBER:
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PROOF OF SERVICE OF STATUS REPORT OF ADMINISTRATION

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.

2. My residence or business address is:

3. I served the foregoing Status Report of Administration on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - 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.

 - 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 the 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 United State Postal Service in a sealed envelope with postage fully prepaid.

4. Date Mailed: _____ Placed mailed (*city, state*): _____

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

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THE PROOF OF SERVICE) _____ (SIGNATURE OF PERSON COMPLETING THE PROOF OF SERVICE) _____

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

<u>Name of person served</u>	<u>Address (number, street, city, state and zip code)</u>

Continued on attachment.

PROOF OF SERVICE TO STATUS REPORT OF ADMINISTRATION