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1 _____ [OR: Despite search and inquiry, no will of decedent has been found]. Petitioner qualified as
2 [executor/administrator/administrator-with-will-annexed] _____ of the estate and [Letters
3 Testamentary/Letters of Administration/Letters of Administration-with-will-annexed] _____
4 were issued to petitioner on [date Letters were issued] _____. At all times since
5 then petitioner have been acting as the duly qualified [executor/administrator/administrator-with-will-
6 annexed] _____ of the decedent's estate.

7 **3. AUTHORITY GRANTED UNDER INDEPENDENT ADMINISTRATION OF**
8 **ESTATES ACT.**

9 On [date Order for Probate was signed] _____, petitioner was granted authority by
10 order of this court to administer the estate without court supervision under the Independent
11 Administration of Estates Act. This authority has not been revoked.

12 **4. STATUS OF ESTATE.**

13 Petitioner has performed all duties required of [him/her] for the estate of the decedent
14 with respect to the administration of the estate. The estate is now ready for distribution and
15 is in a condition to be closed.

16 **5. NOTICE OF DEATH.**

17 Notice of Petition to Administer Estate, which constitutes one form of notice to
18 creditors, has been published for the period and in the manner prescribed by law. Within
19 thirty (30) days after the completion of publication, an Affidavit of Publication showing due
20 publication in the manner and form required by law was filed with the clerk of the court.
21 Reasonable efforts were made to identify creditors of the estate and Notice of Administration
22 to Creditors was sent to all known creditors of the estate on [date or dates when Notice was mailed]
23 _____. More than four months have elapsed since the first issuance of
24 Letters, and the time for filing or presenting claims has expired.

25 **6. CREDITORS' CLAIMS.**

26 [All/No/The following] claims have been filed with the court or presented to the personal
27 representative:
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<u>Name of Creditor</u>	<u>Date Claim Filed</u>	<u>Purpose</u>	<u>Amount</u>
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7. COMPLIANCE WITH PROBATE CODE §9202.

Notice to the Director of Health Services is not required under Probate Code Section 9202 because the decedent did not receive and was not the surviving spouse of someone who received Medi-Cal benefits */or/* Notice to the Director of Health Services has been given as required by law under Probate Code Section 9202. A notice was received from the Director of Health Services stating that no creditor's claim will be filed against the estate because decedent has not received any Medi-Cal benefits.

8. DEBTS OF DECEDENT.

All debts of decedent and of the estate and all expenses of administration, except closing expenses and statutory commissions of the personal representative *[and their attorneys]* have been paid.

9. INVENTORY AND APPRAISAL.

An Inventory and Appraisal was returned and filed on *[date inventory was filed]* _____ showing a value of \$ _____. *[If additional inventories filed, add: A Supplemental Inventory and Appraisal was filed in the amount of \$ _____ for total assets belonging to the estate of \$ _____.]* Petitioner alleges that such *[inventory/inventories]* contain all the assets of decedent's estate that have come to petitioner's knowledge or into *[his/her]* possession.

10. ACTIONS TAKEN UNDER INDEPENDENT ADMINISTRATION OF ESTATES ACT.

[Describe action taken, for example: Decedent's real property located at _____ was sold to _____ for \$ _____, on (date) _____] under the Independent Administration of Estates Act. A Notice of Proposed Action was given as prescribed by law to the persons entitled to receive notice. No objections to the sale were received. *[Add, if applicable: The net proceeds of sale will be distributed as part of the residue of _____]*

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1 *the decedent's estate.]*

2 **11. PERSONAL PROPERTY TAXES.**

3 All personal property taxes due and payable by this estate have been paid /or/ No
4 personal property taxes are due and payable by this estate.

5 **12. CALIFORNIA AND FEDERAL ESTATE TAXES.**

6 A federal estate tax return, Form 706, has not been filed because the estate is not
7 sufficient to require such a return. No California estate taxes are due and payable by this
8 estate.

9 **13. INCOME TAXES.**

10 All California and federal income taxes due and payable by the estate will be paid by
11 the personal representative from decedent's estate prior to distribution /or/ No California or
12 federal income taxes are due and payable by the estate.

13 **14. INVESTMENT OF CASH ON HAND.**

14 Petitioner has invested and maintained all cash in interest bearing accounts or in
15 investments authorized by law or the governing instrument, except for an amount of cash
16 that is reasonably necessary for the orderly administration of the estate.

17 **15. WAIVER OF ACCOUNT. [if applicable]**

18 *[Name(s)]*, the person(s) entitled to distribution of all of the estate, waive(s) an account by
19 petitioner, which waiver(s) *[are on file/will be filed]* in this proceeding.

20 **15. SUMMARY OF ACCOUNT. [if account not waived]**

21 Petitioner is chargeable with and is entitled to the credits set forth in the Summary of
22 Account below. The account covers the period from *[date of death]* _____ to
23 *[end of period covered by account]* _____. Schedules A through _____ in support of the
24 Summary of Account are attached hereto and incorporated herein by this reference.:

25 **CHARGES**

26 Inventory and Appraisal	\$ _____
27 Supplemental Inventory and Appraisal (if any)	\$ _____
28 Additional Property Received (if any)	\$ _____

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1	Income Receipts During Account Period	(Schedule A)	\$ _____
2	Gains on Sales or Other Disposition of Assets	(Schedule B)	\$ _____
3	Net Income from Trade or Business (if any)	(Schedule C)	\$ _____
4	Total Charges		\$ _____
5	CREDITS		
6	Disbursements During Accounting Period	(Schedule D)	\$ _____
7	Losses on Sales or Other Disposition of Assets	(Schedule E)	\$ _____
8	Net Loss from Trade or Business (if any)	(Schedule F)	\$ _____
9	Distributions to Beneficiaries (if any)	(Schedule G)	\$ _____
10	Property on Hand at End of Accounting Period	(Schedule G)	\$ _____
11	Total Credits		\$ _____

12 **16. CHARACTER OF PROPERTY.**

13 The whole of the estate is decedent's *[separate/one-half interest in the community property of decedent*
14 *and his/her surviving spouse/quasi-community]* property *[or describe interests, if mixed]*.

15 **17. SCHEDULE OF PURCHASES OR OTHER CHANGES IN FORM OF ASSETS.**

16 Certain assets were disposed of or changed in form during the administration of the
17 estate. All changes in investments are shown on Attachment _____, attached hereto
18 and made a part hereof by reference.

19 **18. INTESTATE HEIRS/DEVISEES UNDER WILL.**

20 The following are the *[decedent's heirs under the laws of intestate succession/devisees named in*
21 *the decedent's Will]*:

22	<u>Name</u>	<u>Age</u>	<u>Relationshi</u>	<u>Address</u>
23			<u>p</u>	

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19. PROPOSED DISTRIBUTION OF ESTATE.

[By the terms of the decedent's will/Pursuant to the laws of intestate succession], the estate should be distributed [as follows/as shown on Attachment ____].

<u>Name</u>	<u>Description of Share of Estate</u>
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The residue of the estate, insofar as is known to petitioner, consists of the assets listed on [Schedule ___ of the account/Attachment _____].

20. COMPUTATION OF STATUTORY COMPENSATION.

The statutory *[executor's/administrator's/administrator-with-will-annexed's]* compensation *[and the statutory attorneys' compensation - if applicable]*, payable *[to each]* for their services are \$ _____, computed on a fee base of \$ _____, arrived at as follows:

FEE BASE	
Inventory and Appraisal	\$ _____
Supplemental Inventory (if any)	\$ _____
Income Receipts During Account Period	\$ _____
Gains on Sales	\$ _____
Less: Losses on Sale	\$ _____
TOTAL FEE BASE	\$ _____

FEE COMPUTATION	
4% of first \$15,000	\$600.00
3% of next \$85,000	\$2,550.00
2% of next \$900,000	\$ _____
1% of next \$9,000,000	\$ _____
TOTAL FEE	\$ _____

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21. STATUTORY [EXECUTOR'S/ADMINISTRATOR'S] COMPENSATION

Petitioner should be authorized to pay [himself/herself] the sum of \$ _____
_____ as and for ordinary services rendered to the estate in discharge of this obligation /or/
By [his/her] signature on this petition, petitioner waives [his/her] right to statutory commissions
as [executor/administrator/ administrator-with-will-annexed].

**22. DISCLOSURE OF RELATIONSHIPS BETWEEN FIDUCIARY, ATTORNEYS,
AND OTHER AGENTS HIRED BY FIDUCIARY**

Petitioner has no personal, financial or other relationship with attorneys or other
agents hired by the petitioner.

23. CLOSING EXPENSES.

Petitioner asks that [he/she] be authorized to withhold the sum of \$ _____
_____ to offset closing costs and expenses, and as a reserve for any liability that may
hereafter be determined to be due from this estate.

24. SPECIAL NOTICE.

[No one - or list names of person] has filed a Request for Special Notice.

WHEREFORE, petitioner prays for an order of this court that:

1. The administration of this estate be brought to a close [if accounting has been waived, add:
"without the requirement of an accounting by the executor/administrator/administrator-with-will-annexed"];
2. The [list caption of document, for example: (FIRST AND FINAL ACCOUNT/WAIVER OF ACCOUNT)
AND REPORT OF (EXECUTOR/ADMINISTRATOR/ ADMINISTRATOR- WITH-WILL ANNEXED), PETITION
FOR (ALLOWANCE OF STATUTORY FEES TO PERSONAL REPRESENTATIVE AND FOR) FINAL
DISTRIBUTION] be settled, allowed, and approved as filed;
3. All the acts and proceedings of petitioner as [executor/administrator/administrator-with-will-
annexed] be confirmed and approved;
4. Petitioner shall be authorized to withhold \$ _____ to defray closing
expenses and to pay any additional liabilities;
5. [if applicable]Petitioner shall be authorized and directed to pay [himself/herself] the sum
of \$ _____, representing statutory compensation for ordinary services

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VERIFICATION
CCP 446, 2015.5

I declare that:

I am the *[executor/administrator/administrator-with-will-annexed]* of the above-entitled estate. I have read the foregoing *[(FIRST AND FINAL ACCOUNT/WAIVER OF ACCOUNT) AND REPORT OF (EXECUTOR/ADMINISTRATOR/ ADMINISTRATOR- WITH-WILL ANNEXED), PETITION FOR (ALLOWANCE OF STATUTORY FEES TO PERSONAL REPRESENTATIVE AND FOR) FINAL DISTRIBUTION]*, and know the contents thereof; the same is true of my own knowledge, except as to those matters which are therein stated upon my information or belief, and as to those matters I believe them 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]* _____ at *[city/state]* _____.

Dated: _____

(Signature)

(Type or print name)