

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA 3055 Cleveland Avenue, Santa Rosa, CA 95403	
ESTATE OF _____	
FIRST AND FINAL REPORT OF PERSONAL REPRESENTATIVE & PETITION FOR FINAL DISTRIBUTION ON: (Mark all that are applicable) <input type="checkbox"/> ACCOUNT <input type="checkbox"/> WAIVER OF ACCOUNT; <input type="checkbox"/> PAYMENT OF STATUTORY FEES TO <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> PAYMENT OF EXTRAORDINARY FEES TO <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> PAYMENT OF COSTS / REIMBURSEMENTS; <input type="checkbox"/> RESERVE.	DEPT _____ CASE NUMBER _____

1. Petitioner(s) (name, address, and relationship to decedent) _____

2. Decedent died testate (with a will); OR intestate (without a will) on (date) _____, as a resident of the County of Sonoma, State of California; OR as a resident of the County of _____ State of _____.

3. Petitioner was appointed as Executor (named in a will admitted to probate); OR Administrator with Will Annexed (will admitted to probate but will does not name Petitioner executor); OR Administrator (no will admitted to probate); AND Letters were issued on (date) _____.

4. If applicable;
 Will dated _____ and Codicil(s), if any, dated _____ was/were admitted to probate by order of this court.

5. Petitioner was authorized to administer the estate with full; OR limited authority under the Independent Administration of Estate Act (IAEA); OR no authority under the IAEA was granted.

6. Petitioner's report covers the period of (date of death) _____ through (date as close to date

of filing as possible) _____.

7. a. **ACCOUNT**

Summary of Account and accounting schedules are attached as *Attachment 7a*.

OR

b. **WAIVER OF ACCOUNT**

All beneficiaries or heirs waive the requirement of an accounting. Waivers of Account signed by each beneficiary or heir are submitted herewith.

8. a. More than four (4) months have elapsed since the issuance of Letters and reasonable efforts were made to identify creditors of the estate. The time for filing and presenting creditor's claims has expired.

b. Notice of Administration was given to all known creditors of the estate within four months after the date Letters were first issued or within 30 days after the personal representative first had knowledge of the creditor; OR a Notice of Administration was not required as there were no creditors.

9. Other than taxes or creditor claims addressed in this petition, petitioner has no reason to believe that any public entity listed in Prob. Code § 9201 has any basis for making a claim against the estate.

10. a. The decedent did not receive and/or was not the surviving spouse/registered domestic partner of a person who received Medi-Cal benefits. Notice was not required to be sent to the California Department of Health Care Services.

OR

b. The decedent received and/or was the surviving spouse/registered domestic partner of a person who received Medi-Cal benefits. Notice required by Prob. Code § 9202(a) was sent to the California Department of Health Care Services on (date) _____, with a copy of the decedent's death certificate and/or a copy of the death certificate of the decedent's pre-deceased spouse/registered domestic partner.

11. a. Petitioner knows of no heir that is or has previously been confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department of Youth Authority or confined in any county jail, road camp, industrial farm, or other local correctional facility to which notice is required under Prob. Code § 9202(b); therefore, no notice is required to be given to the Director of the California Victim Compensation and Government Claims Board.

OR

bearing accounts.

OR

There was no cash to invest in interest-bearing accounts.

d. No compensation has been paid from estate assets to the petitioner or attorney without a court order.

e. The estate is solvent (has assets, e.g. money, property); OR insolvent (has no assets).

15. The following Inventory and Appraisal(s) have been filed with the court:

Date Filed	Type	Amount
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
	<input type="checkbox"/> Partial No.: _____ <input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended	
<input type="checkbox"/> <i>If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment 15.</i>		
Total Inventory and Appraisal Value:		

16. The estate consists entirely of decedent's separate property.

OR

The estate consists of a combination of decedent's: (mark all that apply)

separate community quasi-community property.

17. a. Petitioner alleges that no family or affiliate relationships exist between petitioner and any agent hired by petitioner during the period of administration.

OR

b. The following family or affiliates were hired:

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Name	Capacity Retained	Relationship

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment 17.

18. a. No Creditor's Claim(s) has/have been filed with the court.

OR

b. The following Creditor's Claim(s) was/were filed with the court:

Date Claim Filed	Claimant	Amount of Claim	Amount Allowed	Amount Denied	Date Allowed / Denied

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment 18.

19. (Mark if applicable otherwise leave blank) The following written demands for payment were received within four months after Letters were first issued, and were treated as filed claims and paid before the expiration of 30 days after the four-month period, and (1) the debts were justly due; (2) the debts were paid in good faith; (3) the amounts paid were the true amounts of the indebtedness over and above all payments and offsets; and (4) the estate is solvent.

Date Paid	Payee	Description	Amount

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment 19.

20. a. Petitioner did not take any action without prior court approval under the Independent Administration of Estates Act for which notice of proposed action was required.

OR

b. Petitioner took the following action(s) without prior court approval under the Independent Administration of Estate Act for which notice of proposed action was required.

Nature of Action	Date Action was Taken	When & to Whom Notice was Given (Name & Date)	Notice Waived (Name & Date)	Objections Received (Name & Date)

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment 20.

21. No federal or state *estate taxes* are due or payable by the estate. All taxes, if any, have been paid.

22. No *personal property taxes* are due or payable by the estate. All taxes, if any, have been paid.

23. a. No California or federal *income taxes* are due or payable by the estate. All taxes, if any, have been paid.

OR

b. A final income tax return will be filed and any taxes due will be paid by the reserve requested at item 27.

24. a. The statutory fee due to petitioner as personal representative is \$ _____;
 OR is **WAIVED**.

AND

b. The statutory fee due to petitioner's attorney is \$ _____;
 OR is **WAIVED**.

c. The statutory fees are calculated as follows:

(1) Total Inventory & _____	4% of the first \$100,000 _____	
(2) Receipts* _____	3% of the next \$100,000 _____	
(3) Gains on Sales* _____	2% of the next \$800,000 _____	
(4) Losses on Sales** _____	1% of the next \$9,000,000 _____	
_____	1/2 of 1% of the next \$15,000,000 _____	
Total Calculation of Estate _____	Total Statutory Compensation _____	

** If including receipts or gains in fee calculation, schedules must be attached on a separate piece of paper labeled Attachment 24c. (Cal. Rules of Court, rule 7.550(b)(6))*

*** Losses, if any, must be included in fee calculation and schedules attached labeled Attachment 24c, even if an accounting is waived.*

Complete item 25 only if extraordinary fees are sought (see Rule of Court 7.703 and Local Rule 6.5 generally):

25. a. Petitioner requests payment of extraordinary fees in the amount of \$ _____.

Date Incurred	Description of Activity/Service	Amount Claimed

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment 25a.

b. Attorney requests payment of extraordinary fees in the amount of \$_____.

Date Incurred	Description of Activity/Service	Amount Claimed

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment 25b.

26. a. Petitioner requests costs in the total amount of \$_____.

Date	Description	Amount Claimed

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment 26a.

b. Attorney requests costs in the total amount of \$_____.

Date	Description	Amount Claimed

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment 26b.

27. a. Petitioner requests a reserve of \$_____.
- b. Mark this box if the amount requested exceeds \$2,500 and provide an explanation for the amount. (See Local Rule 6.3.G.) _____

28. (Mark if applicable) The following preliminary distribution(s) has/have been made:

Date of Order Authorizing Distribution	To Whom Made	Amount/Asset Distributed	Receipts Filed (Date)

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment 28.

29. Assets on hand at the end of report period:

Value of Non-Cash Assets on Hand: _____

Total Value of Cash Assets on Hand: _____

Less:

Statutory Personal Representative Fees:

Statutory Attorney Fees:

Extraordinary Fees:

Reimbursement of Costs:

Reserve:

Remaining Cash Assets for Distribution:

30. a. Petitioner alleges distribution of the estate should be made by intestate succession. The names and relationship to decedent of all heirs are as follows:

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment 30a.

OR

b. Petitioner alleges distribution of the estate should be made pursuant to decedent's Will/Codicil(s). The dispositive provisions are as follows (*must be word for word*):

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment 30b.

31. Other allegations, if any:

If more space is needed, mark this box and continue on a separate piece of paper labeled

Attachment 31.

WHEREFORE, Petitioner prays for an order of this court as follows:

1. The report and account OR waiver of account of the personal representative is approved.
2. All acts of the petitioner as personal representative reported to the court are approved.
3. a Payment to petitioner in the amount of \$_____ representing statutory fees.
b. Payment to petitioner's attorney in the amount of \$_____ representing statutory fees.
4. a. Payment to petitioner in the amount of \$_____ representing extraordinary fees.
b. Payment to petitioner's attorney in the amount of \$_____ representing extraordinary fees.
5. a. Reimbursement of costs to petitioner in the amount of \$_____.
- b. Reimbursement of costs to petitioner's attorney in the amount of \$_____.
6. A reserve in the amount of \$_____.
7. Other orders, if any:

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment A.

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8. Distribution of the assets of the estate is approved as follows: (Include name and relationship of each heir/beneficiary and description of each asset being distributed. If real property, include the address, legal description, and assessor's parcel number.)

if more space is needed mark this box and continue on a separate piece of paper labeled Attachment B.

9. Distribution of any property of the estate acquired or discovered after the court order for final distribution is made, including any unused portion of the reserve, if any, is approved as follows:

If more space is needed, mark this box and continue on a separate piece of paper labeled Attachment C.

Date: _____

Type or print name of Attorney (if represented)

Signature of Attorney

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 of Petitioner

Signature of Petitioner

Type or print name of Petitioner

Signature of Petitioner