Choose a location

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME, STATE BAR NUMBER AND ADDRESS)*: | | | *FOR COURT USE ONLY* |
|---|---|---|---|
| EMAIL ADDRESS *(Optional)*: | TELEPHONE NO.: | | |
| ATTORNEY FOR *(NAME)*: | *FAX NO. (Optional)*: | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA**<br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | | | |
| GUARDIANSHIP OF: | | | |
| HEARING DATE: | TIME: | DEPARTMENT: | |
| **REPORT OF STATUS OF ADMINISTRATION**<br>**(Probate Code § 12200 et seq.)** | | | CASE NUMBER: |

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**. (Prob. Code, § 12201.)

Petitioner (name):_____, as Personal Representative of the Estate of: _____ alleges:

1. Decedent (name):_____ died ☐testate ☐intestate on date:_____ in (place of death): _____ being a resident of the County of Santa Barbara, State of California, at the time of his or her death.

2. Decedents will dated: _____ and codicil(s) dated: _____ was/were admitted to probate by order of this court on (date petition was granted): _____ Petitioner qualified as personal representative and letters were issued to Petitioner on _____. At all times since then, Petitioner has been and now is the duly qualified personal representative of Decedent's estate.

3. A brief review of the status of the administration of the estate is as follows:

4. The estate is not in a condition to close for the following reason(s):

5. The estimated time it will take to close administration of the estate is:_____

6. This is the _____ (number) status report filed for this estate.

THEREFORE, Petitioner prays for

7. An order from this court granting an extension of time of _____ to close administration of the estate.

8. Such further orders as the court may deem just and proper.

**Date:** _____

_____ _____
(Type or Print Name of Attorney) (Signature of Attorney)

I declare under penalty of perjury that the forgoing is true and correct.

_____ _____
(Type or Print Name of Petitioner) (Signature of Petitioner)

_____ _____
(Type or Print Name of Petitioner) (Signature of Petitioner)