

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
ESTATE OF:			CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT:	
ORDER ON REPORT ON STATUS OF ADMINISTRATION (Probate Code § 12200 et seq.)			

The status report filed by Petitioner (name): _____
 as personal representative of the estate of _____
 was heard on (date): _____ at (time): _____ dept: _____
 of the above entitled court before the Honorable: _____

The court allows the estate administration to continue for a period of _____

A review hearing regarding further status report or accounting is scheduled as follows:
 (Please leave this blank. This will be completed by the Court):

Date: _____ Time: 8:30 a.m. in Dept. _____

The personal representative is ordered to timely serve and file another Report of Status Administration in advance of that date, unless a Petition for Final Distribution has been filed and served.

Dated: _____

 Judge of the Superior Court