Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME AND ADDRESS)*:			*FOR COURT USE ONLY*
TELEPHONE NO: FAX NO. *(Optional)*:			
EMAIL ADDRESS *(Optional)*:			
ATTORNEY FOR *(NAME)*:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
ESTATE OF:			
HEARING DATE:	TIME:	DEPARTMENT:	CASE NUMBER:

FIRST AND FINAL REPORT OF PERSONAL REPRESENTATIVE AND PETITION FOR FINAL DISTRIBUTION ON *(Check one box)***:**

☐ **WAIVER OF ACCOUNT; *OR***
☐ **ACCOUNT**

☐ **AND FOR PAYMENT OF COMPENSATION FOR ORDINARY AND/OR EXTRAORDINARY SERVICES TO** *(Check one or both)***:**

☐ **PERSONAL REPRESENTATIVE**
☐ **ATTORNEY FOR PERSONAL REPRESENTATIVE**

(Probate Code Sections 10831, 10951, 10954, 11640, et seq)

Petitioner(s) (name(s)):_____allege(s):

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

2. ☐ Will dated _____ ☐ and codicil dated _____ was/were admitted to Probate by order of this court on

3. Petitioner qualified as ☐Executor ☐Administrator ☐ Administrator w/Will Annexed and Letters were issued to Petitioner on (date): _____. At all times since then, Petitioner has been, and now is, duly qualified as the Personal Representative of Decedent's Estate.

4. ☐ On _____ by order of this court, Petitioner was authorized to administer the estate under the Independent Administration of Estates Act with ☐ full ***OR*** ☐ limited authority. This authority has not been revoked.

5. Notice of Petition to Administer Estate has been published for the period and in the manner as prescribed by law, and within thirty (30) days after completion of the publication there was filed with the Clerk of this Court an affidavit showing the publication in the manner and form required by law.

6. More than four (4) months have elapsed since the issuance of Letters. Reasonable efforts were made to identify creditors of the estate and Notice of Administration ☐ has ☐ has not been sent to all known creditors of the estate. The time for filing and presenting creditor's claims has expired.

7. Notice was mailed to the Franchise Tax Board on (date):_____.

8. a. ☐ The decedent did not own a business at the time of his or her death. Petitioner has no reason to believe that the State Board of Equalization ("BOE") has any basis for making a claim against the estate for unpaid taxes related to retail sales or sales of cigarettes, motor vehicle fuel or alcoholic beverages. Petitioner has no reason to believe that the Employment Development ("EDD") has a claim for unpaid unemployment insurance. (Prob. Code, § 9201.)

OR

☐ Notice was served on the BOE on (date): _____ and on the EDD on (date): ____ _____.

b.☐ Neither the decedent nor his or her spouse, father, mother nor child was a patient in a state institution under the jurisdiction of the California Department of Mental Health ("DMH"). Petitioner has no reason to believe the DMH has any basis for making a claim against the estate.

OR

☐ Notice was served on the DMH on (date): _____.

c. ☐ The decedent did not receive and was not the surviving spouse or registered domestic partner of a person who received Medi-Cal benefits. Petitioner has no reason to believe the Department of Health Services ("DHS") has a claim against the estate.

OR

☐ Notice was served on the DHS on (date): _____ with a copy of Decedent's death certificate

☐ and with a copy of the death certificate of the decedent's pre-deceased spouse or registered domestic partner (name):_____ (Prob. Code, § 9202, subd. (a).)

d. ☐ Petitioner knows of no heir that is 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. Therefore, notice is not required to be given to the Director of the California Victim Compensation and Government Claims Board. (Prob. Code, § 9202, subd. (b).)

OR

☐ Notice was served on the California Victim Compensation and Government Claims Board on (date): _____ (Prob. Code, § 9202, subd. (b).)

9. ☐ No requests for special notice have been filed in this proceeding.

OR

☐ The following requests for special notice have been filed in this proceeding:

Name	Date Filed	Relationship

☐ Continued in Attachment 9.

10. ☐ Petitioner has performed all required duties as Personal Representative of the Estate. All costs of administration incurred to date, including costs of publication and the probate referee's fees, have been paid and the estate is now in a condition to be closed.

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

Date Filed			Type	Amount
	☐ Partial No.		☐Final ☐Supplemental ☐Corrected/Amended	
	☐ Partial No.		☐Final ☐Supplemental ☐Corrected/Amended	
	☐ Partial No.		☐Final ☐Supplemental ☐Corrected/Amended	

☐ Continued in Attachment 11.

12. The estate consists ☐ entirely of OR ☐ of a combination of Decedent's ☐ separate ☐ community ☐ quasi-community property.

13. ☐ Petitioner alleges that no family or affiliate relationship exists between Petitioner and any agent hired by Petitioner during the period of administration.
OR
☐ The following family or affiliates were hired:

Name	Capacity Retained	Relationship

☐ Continued in Attachment 13.

14. ☐ There was no cash to invest in interest-bearing accounts.
OR
☐ At all times during the period of administration, Petitioner has kept all surplus cash invested in interest-bearing accounts.

15. ☐ 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
☐ Petitioner took the following action without prior court approval under the Independent Administration of Estates Act for which notice of proposed action was required:

a. Nature of action:
Date action was taken:
When and to whom notice was given (name & date):
When notice was waived and if so, by whom:
Objections received:

b. Nature of action:
Date action was taken:
When and to whom notice was given (name & date):
When notice was waived and if so, by whom:
Objections received:

☐ Continued in Attachment 15.

16. ☐ No Creditors' Claims were filed with the court.
    OR
    ☐ The following Creditors' Claims were filed with the court:

Name of Claimant:
Date claim filed:
Amount of claim:
Claim was ☐ allowed for: $ ☐ rejected for: $
on (date):
and the Allowance or Rejection of Creditor's Claim (DE-174) was filed on (date):

Name of Claimant:
Date claim filed:
Amount of claim:
Claim was ☐ allowed for: $ ☐ rejected for: $
on (date):
and the Allowance or Rejection of Creditor's Claim (DE-174) was filed on (date):

☐ Continued in Attachment 16.

17. ☐ 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

☐ Continued in Attachment 17.

18. The estate is ☐ solvent ☐ insolvent and Petitioner has ☐ paid ☐ not paid all Decedent's debts and debts of the estate and all expenses of administration except closing expenses and fees.

19. ☐ No federal or state estate tax return has been filed because the estate was not of sufficient size to require such a return and no estate taxes are due.
    OR
    ☐ A ☐ federal ☐ state estate tax return has been filed, taxes owing, if any, have been paid, and
    ☐ the estate has been released from further liability or ☐ no clearance letter for estate taxes has yet been received.

20. ☐ No California or federal income taxes are due or payable by the estate.
    OR
    ☐ Income taxes are due and payable by the estate as follows (amount): $ _____

21. ☐ No personal property taxes are due or payable by the estate.
OR

☐ Personal property taxes are due and payable by the estate as follows (amount):
$ _____

22. ☐ A Certificate of the California Franchise Tax Board does not have to be filed because the estate is under $1,000,000.00 and no distributions over $250,000.00 will be made outside the State of California. (Rev. & Tax. Code, § 19513.)
OR
☐ A Certificate of the California Franchise Tax Board is required and is ☐ attached as Attachment 22 ☐ will be filed prior to the hearing.

23. ☐ Petitioner waives all rights to statutory compensation as Personal Representative.
☐ Attorney waives all rights to statutory fees.
OR
☐ The statutory compensation due to Petitioner as Personal Representative is the sum of
$ _____
☐ and the statutory compensation due to Petitioner's attorney (name): _____
is the sum of $ _____ and is computed as follows:

Inventory Value	$ _____	
Plus Receipts	$ _____	(Receipts schedule must be attached)
Plus Gains on Sales	$ _____	(Gains schedule must be attached)
Less Losses on Sales	$ _____	(Losses schedule must be attached)

Total Value of Estate for Calculation	$ _____
4% of the first $100,000.00	$ _____
3% of the next $100,000.00	$ _____
2% of the next $800,000.00	$ _____
1% of the next $9,000,000.00	$ _____
½ of 1% of the next $15,000,000.00	$ _____
Total statutory compensation	$ _____

☐ Attorney agrees to accept $ _____ in lieu of statutory compensation, which is less than statutory compensation, computed above.

24. ☐ Petitioner requests compensation for extraordinary services to the estate as described in attachment 24a in the amount of $ _____ which has not been paid.

☐ Petitioner requests compensation to Attorney (name):_____
for extraordinary services to the estate as described in attachment 24b in the amount of
$ _____ which has not been paid.

☐ Petitioner requests that his or her attorney be allowed costs as described in attachment 24c in the amount of $ _____ which has not been paid.

25. ☐ Petitioner requests $ _____ to be reserved for:
    ☐ Taxes and tax preparation fees ☐ County Recorder fees
    ☐ Closing expenses ☐ Other: _____
    OR
    ☐ No reserve is requested.

26. Petitioner's accounting covers the period of (date of death) _____ through _____

    ☐ All beneficiaries and/or heirs waive an accounting by Petitioner and the required Waivers of Accounting are on file in this proceeding, and ☐ any additional information required by CRC 7.550 is contained in Attachment 26.

    ☐ A summary of accounting and accounting schedules are attached hereto. *(You may use Judicial Council Forms GC-400(SUM), GC-405(A), GC-405(C), and other forms in the GC-405 series as appropriate).*

27. Assets on hand available for distribution are as follows: (*If real property, include address, legal description, and Assessors parcel number):*

    ☐ Continued in Attachment 27.

28. Petitioner is informed, believes and therefore alleges that the following persons are beneficiaries and/or heirs of the Decedent, and are entitled to distribution ☐ as indicated below or ☐ in Attachment 28:

Name	Relationship to Decedent	Age	Share of Estate/Assets to be Distributed

29. ☐ No preliminary distribution has been made.
    OR
    ☐ The following preliminary distributions have been made:

Date of Order Authorizing Distribution	To Whom Made	Amount/Asset Distributed

☐ Continued in Attachment 27.

30. ☐ Other allegations attached as Attachment 30.

THEREFORE, Petitioner prays that

31. The report and ☐ account ☐ waiver of account of the Personal Representative be approved;

32. All acts of Petitioner as Personal Representative be confirmed and approved;

33. An order be made authorizing the ☐ waiver of payment of fees to Petitioner ***OR*** ☐ payment to Petitioner of the sum of $ _____ representing statutory commission for services rendered to the Estate ☐ and $ _____ representing fees for extraordinary services.

34. An order be made authorizing the ☐ waiver of payment of fees to Petitioner's attorney ***OR*** ☐ payment to Petitioner's attorney $ _____ representing statutory compensation for services rendered to the estate ☐ and $ _____ representing fees for extraordinary services ***OR*** ☐ payment to Petitioner's attorney in the sum of $ _____ representing a reduced amount that the attorney has agreed to accept in lieu of statutory compensation.

35. ☐ An order be made allowing a reserve for closing costs in the amount of $ _____

36. An order be made distributing assets of the estate as follows:

Name	Relationship	Age	Share of Estate/Assets to be Distributed

☐ Continued in Attachment 36.

37. An order be made distributing any property of the Estate acquired or discovered after the court order for final distribution is made, including any unused portion of the reserve for closing costs as follows:

Name	Relationship	Age	Share of Estate/Assets to be Distributed

☐ Continued in Attachment 37.

38. Other orders as specified in Attachment 38.

Dated: _____ _____
(Signature of Attorney)

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

Dated: _____

_____ _____
(Type or print name of Petitioner) (Signature of Petitioner)

_____ _____
(Type or print name of Petitioner) (Signature of Petitioner)

CLEAR FIELDS PRINT FORM