ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	)E	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
ESTATE OF (name): IN THE MA	ITER OF (name):	
LOTATE OF (name).	TIER OF (name).	
DECEDENT TRUST	CONSERVATEE MINOR	
NOTICE OF H		CASE NUMBER:
PETITION TO DETERMIN		
I LITTION TO BETERMIN	L CLAIM TO THOI ENTI	
A petition has been filed asking the co	urt to determine a claim to the property id	entified in 3, and a hearing on the
petition has been set. Please refer to the		,
If you have a claim to the property des	cribed in 3, you may attend the hearing an	nd object or respond to the petition. If
	you may also file a written response before	
	r attend the hearing, the court may make o	-
property without your input.	accord the hearing, the court may make c	ruere unecung emicremp er une
1. NOTICE is given that (name):		
(fiduciary or representative capacity, if any		
has filed a petition entitled (state complete		to the common of the described in O
under Probate Code section 850 asking to	r a court order determining a claim or claims	to the property described in 3.
2. A HEARING on the petition will be held as	follows:	
	Name and address of	court if different from above:
Hearing → Date:	Time:	deart if different from above.
Data	Doom:	
Dept.:	Room:	
3. The property that is the subject of the petit		
buildings—give the street address or, if no	one, describe the property's location and give	the assessor's parcel number):
Continued on Attachment 3.		
Check 4 only if the petition seeks the additional	al relief described.	
	property described in 3, the petition also alleg	res and seeks relief for had faith conduct
	r or dependent adult financial abuse. The peti	
	n seeks to recover twice the value of the prop	
	ward attorney's fees and costs to the petitione	
	,	, 3 ,
Requests for Accommodation	<u> </u>	
		nguaga interpreter convices are suciled a
vou ask at least five days before	puter-assisted real-time captioning, or sign la the hearing. Contact the clerk's office or go t	nguage interpreter services are available if a www.courts.ca.gov/forms for Request for
Accommodations by Persons W	ith Disabilities and Response (form MC-410).	(Civ. Code, § 54.8.)

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<b>DE-115</b>	/GC-015
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	ESTATE OF (name): IN TH	IE MATTER OF <i>(name):</i>	CASE NUMBER:		
	DECEDENT T	RUST CONSERVATEE MIN	OR		
		PROOF OF SERVICE BY MAIL*			
1.	I am over the age of 18 and not a pa	rty to this cause. I am a resident of or employe	ed in the county where the mailing occurred.		
2	My residence or business address is	(specify):			
	ivity residence of Edulitoce address to	(Gpoony).			
3.	I served the foregoing <i>Notice of Hear</i> enclosing a copy in an envelope add	ring on Petition to Determine Claim to Propert Iressed as shown below AND	on each person named below by		
	<ul> <li>depositing the sealed envelopestage fully prepaid.</li> </ul>	elope on the date and at the place shown in it	em 4 with the U.S. Postal Service with the		
	b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.				
4.	a. Date mailed:				
	b. Place mailed (city, state):				
5.	I served with the Notice of Hea	aring on Petition to Determine Claim to Proper	ty a copy of the petition referred to in the Notice.		
l de	clare under penalty of perjury under	the laws of the State of California that the fore	going is true and correct.		
l de Dat		the laws of the State of California that the fore	going is true and correct.		
		the laws of the State of California that the fore	going is true and correct.		
		the laws of the State of California that the fore	going is true and correct.  (SIGNATURE)		
	e:  (TYPE OR PRINT NAME)	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)		
	e:  (TYPE OR PRINT NAME)	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)		
	e:  (TYPE OR PRINT NAME)  NAME AND	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)  OTICE WAS MAILED		
1.	e:  (TYPE OR PRINT NAME)  NAME AND	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)  OTICE WAS MAILED		
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1. 2. 3.	e:  (TYPE OR PRINT NAME)  NAME AND	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)  OTICE WAS MAILED		
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1. 2. 4.	e:  (TYPE OR PRINT NAME)  NAME AND	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)  OTICE WAS MAILED		
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1. 2. 4.	e:  (TYPE OR PRINT NAME)  NAME AND	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)  OTICE WAS MAILED		
1. 2. 3.	e:  (TYPE OR PRINT NAME)  NAME AND  Name	ADDRESS OF EACH PERSON TO WHOM N	(SIGNATURE)  IOTICE WAS MAILED ber, city, state, zip code)		

 $^{\star}$  Do **not** use this form to prove personal or electronic service. You may use form DE-120(P) or GC-020(P) to prove personal service.