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| IN THE MATTER OF THE ESTATE OF: | CASE NUMBER: |
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pursuant to Probate Code § 10402 (full authority) or Probate Code § 10403 (limited authority). This authority has not been revoked.

4. BOND AND BLOCKED ACCOUNT

Bond was waived ordered in the amount of _____ and remains current.

Funds in the amount of _____ were deposited into a blocked account.

5. STATUS OF ESTATE

Petitioner has performed all duties required of petitioner for the estate of the decedent with respect to the administration of the estate. The estate is now ready for distribution and is in a condition to be closed.

6. NOTICE OF DEATH

Notice of Petition to Administer Estate, which constitutes one form of notice to creditors, has been published for the period and in the manner prescribed by law. Within thirty (30) days after the completion of publication, an Affidavit of Publication showing due publication in the manner and form required by law was filed with the clerk of the court.

Reasonable efforts were made to identify creditors of the estate and Notice of Administration to Creditors was sent to all known creditors of the estate on *(date or dates when Notice was mailed)* _____.

More than four months have elapsed since the first issuance of Letters, and the time for filing or presenting claims has expired.

7. CREDITORS' CLAIMS

No claims have been filed with the court or presented to the personal representative.

The following claims have been filed with the court or presented to the personal representative:

| Name of Creditor | Date Claim Filed | Purpose | Amount of Claim | Allowed/Rejected |
|------------------|------------------|---------|-----------------|------------------|
| a. _____ | _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ | _____ |
| e. _____ | _____ | _____ | _____ | _____ |

All claims have been allowed and paid or satisfied in full.

The following claims were allowed and have not yet been paid or satisfied:

| Name of Creditor | Approved amount | Reason claim not paid or satisfied: |
|------------------|-----------------|-------------------------------------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. _____ | _____ | _____ |
| e. _____ | _____ | _____ |

8. COMPLIANCE WITH PROBATE CODE §9202

- a. Notice to the Director of Health Services:
 - is not required under Probate Code Section 9292 because the decedent did not receive and was not the surviving spouse of someone who received Medi-Cal benefits.
 - OR
 - has been given as required by law under Probate Code Section 9202. A notice was received from the Director of Health Services stating that no creditor's claim will be filed against the estate because decedent has not received any Medi-Cal benefits.
 - has not been given.

- b. Notice to the Director of the California Victim Compensation or to the Government Claims Board:
 - was not sent under Probate Code Section 9202(b) because no heir is confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department of the Juvenile Justice or confined in any county or city jail, road camp, industrial farm, or other local correctional facility.
 - has been given under Probate Code section 9202(b). No creditor's claim has been received, or the creditor's claim of \$_____ has been paid as set forth above.
 - has not been given.

- c. Notice to the Franchise Tax Board:
 - has been provided as required by Probate Code section 9202(c) as provided in section 1215. Notice was sent on _____, 20____. (Attach copy of Notice)
 - has not been given.

9. DEBTS OF DECEDENT

All debts of decedent and of the estate and all expenses of administration, except closing expenses and statutory commissions of the personal representative (*and their attorneys*) have been paid.

10. INVENTORY AND APPRAISAL

An Inventory and Appraisal was returned and filed on (*date inventory was filed*) _____ showing a value of \$ _____. (*check the box below and add information if additional inventories filed*)

One or more Supplemental Inventory and Appraisal was filed in the amount(s) of \$ _____ for total assets belonging to the estate of \$_____.

Petitioner alleges that such inventory/inventories contain all the assets of decedent's estate that have come to petitioner's knowledge or possession.

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11. ACTIONS TAKEN UNDER INDEPENDENT ADMINISTRATION OF ESTATES ACT

Decedent's real property located at _____ was sold for \$ _____, on (date) _____ under the Independent Administration of Estates Act. A Notice of Proposed Action was given as prescribed by law to the persons entitled to receive notice. Objections to the sale were were not received. (Add, if applicable): The net proceeds of sale will be distributed as part of the residue of the decedent's estate.

OR

(Describe actions taken): _____

A Notice of Proposed Action was given as prescribed by law to the persons entitled to receive notice. Objections to the actions stated were were not received.

12. PERSONAL PROPERTY TAXES

All personal property taxes due and payable by this estate have been paid

OR

No personal property taxes are due and payable by this estate.

13. CALIFORNIA AND FEDERAL ESTATE TAXES

A federal estate tax return, Form 706, has not been filed because the estate is not sufficient to require such a return. No California estate taxes are due and payable by this estate.

14. INCOME TAXES

All California and federal income taxes due and payable by the estate will be paid by the personal representative from decedent's estate prior to distribution.

OR

No California or federal income taxes are due and payable by the estate.

15. INVESTMENT OF CASH ON HAND

Petitioner has invested and maintained all cash in interest bearing accounts or in investments authorized by law or the governing instrument, except for an amount of cash that is reasonably necessary for the orderly administration of the estate as required by Probate Code §1064(a)(5).

16. WAIVER OF ACCOUNT *(if applicable)*

(Name(s)) _____

the person(s) entitled to distribution of all of the estate, waive(s) an account by petitioner. Such waiver(s) are on file OR will be filed in this proceeding OR are attached hereto.

17. SUMMARY OF ACCOUNT *(if account not waived)*

Petitioner is chargeable with and is entitled to the credits set forth in the Summary of Account below. The account covers the period from *(date of death or ending period of last account filed)* _____ to *(end of period covered by this account)* _____. Schedules A through _____ in support of the Summary of Account are attached hereto and incorporated herein by this reference:

CHARGES

| | | |
|--|--------------|-----------------|
| a. Inventory and Appraisal | | \$ _____ |
| b. Supplemental Inventory and Appraisal (if any) | | \$ _____ |
| c. Additional Property Received (if any) | | \$ _____ |
| d. Income Receipts During Account Period | (Schedule A) | \$ _____ |
| e. Gains on Sales or Other Disposition of Assets | (Schedule B) | \$ _____ |
| f. Net Income from Trade or Business (if any) | (Schedule C) | \$ _____ |
| Total Charges | | \$ _____ |

CREDITS

| | | |
|---|--------------|-----------------|
| a. Disbursements During Accounting Period | (Schedule D) | \$ _____ |
| b. Losses on Sales or Other Disposition of Assets | (Schedule E) | \$ _____ |
| c. Net Loss from Trade or Business (if any) | (Schedule F) | \$ _____ |
| d. Distributions to Beneficiaries (if any) | (Schedule G) | \$ _____ |
| e. Property on Hand at End of Accounting Period | (Schedule G) | \$ _____ |
| Total Credits | | \$ _____ |

18. CHARACTER OF PROPERTY

The whole of the estate is decedent's

separate one-half interest in the community property of decedent and his/her surviving spouse quasi-

community property OR

(Describe interest if mixed): _____

19. SCHEDULE OF PURCHASES OR OTHER CHANGES IN FORM OF ASSETS

Certain assets were disposed of or changed in form during the administration of the estate. All changes in investments are shown on Attachment 19, attached hereto and made a part hereof by reference.

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20. INTESTATE HEIRS/DEVISEES UNDER WILL

The following are the decedent's heirs under the laws of intestate succession devisees named in the decedent's Will: _____

| <u>Name</u> | <u>Age</u> | <u>Relationship to Decedent</u> | <u>Address</u> |
|-------------|------------|---------------------------------|----------------|
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ |
| e. _____ | _____ | _____ | _____ |
| f. _____ | _____ | _____ | _____ |
| g. _____ | _____ | _____ | _____ |
| h. _____ | _____ | _____ | _____ |
| i. _____ | _____ | _____ | _____ |
| j. _____ | _____ | _____ | _____ |

Additional heirs/devisees are listed in Attachment _____.

21. PROPOSED DISTRIBUTION OF ESTATE

By the terms of decedent's Will Pursuant to the laws of intestate succession, the estate should be distributed

as shown on Attachment 21 OR as follows:

| <u>Name</u> | <u>Description of Share of Estate</u> |
|-------------|---------------------------------------|
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |
| d. _____ | _____ |
| e. _____ | _____ |

22. COMPUTATION OF STATUTORY COMPENSATION

The statutory compensation payable to the executor's administrator's administrator-with-will-annexed for services is \$ _____, computed on a fee base of \$ _____. The statutory attorneys' compensation payable for services is \$ _____. The fee base and statutory attorneys' fees are arrived at as follows:

FEE BASE

- a. Inventory and Appraisal \$ _____
- b. Supplemental Inventory (if any) \$ _____
- c. Income Receipts During Account Period \$ _____
- d. Gains on Sales \$ _____
- e. Less: Losses on Sale \$ _____
- TOTAL FEE BASE** **\$ _____**

STATUTORY FEE COMPUTATION

- a. 4% of first \$100,000 \$ _____
- b. 3% of next \$100,000 \$ _____
- c. 2% of next \$800,000 \$ _____
- d. 1% of next \$1,000,000 to \$10,000,000 \$ _____
- TOTAL FEE** **\$ _____**

23. STATUTORY EXECUTOR/ADMINISTRATOR COMPENSATION

Petitioner should be authorized to pay themselves the sum of \$ _____ for ordinary services rendered to the estate in discharge of this obligation.

OR

By signing this petition, Petitioner waives the right to statutory commissions as executor administrator administrator-with-will-annexed.

24. STATUTORY ATTORNEY COMPENSATION

Petitioner should be authorized to pay Attorney the sum of \$ _____ for ordinary services rendered to the estate in discharge of this obligation.

OR

Statutory attorney compensation is not requested.

25. EXTRAORDINARY FEES NOT REQUESTED

No extraordinary fees are requested by Petitioner or Attorney. *If extraordinary fees are requested, this form should not be used.*

26. REIMBURSEMENT EXECUTOR/ADMINISTRATOR

Petitioner should be authorized to reimburse themselves the sum of \$ _____ for costs incurred in administration.

27. REIMBURSEMENT ATTORNEY

Petitioner should be authorized to pay Attorney the sum of \$ _____ for costs incurred in administration.

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28. DISCLOSURE OF RELATIONSHIPS BETWEEN FIDUCIARY, ATTORNEYS, AND OTHER AGENTS HIRED BY FIDUCIARY

- Petitioner has no personal, financial or other relationship with attorneys or other agents hired by the petitioner.
- OR
- Petitioner has the following personal, financial or other relationship with attorneys or other agents hired by the petitioner:

29. CLOSING EXPENSES

Petitioner asks for authorization to withhold the sum of \$ _____ to offset closing costs and expenses, and as a reserve for any liability that may hereafter be determined to be due from this estate.

30. SPECIAL NOTICE

- No one has filed a Request for Special Notice.
- OR
- (Name(s)) _____ has filed a Request for Special Notice.

WHEREFORE, petitioner prays for an order of this court that:

- a. The administration of this estate be brought to a close without the requirement of an accounting by the petitioner (*only check if accounting has been waived*).
- b. The PETITION FOR FINAL DISTRIBUTION AND ALLOWANCE OF STATUTORY FEES TO PERSONAL REPRESENTATIVE AND STATUTORY ATTORNEY FEES AND SETTLEMENT OF (*number of accounting*) _____ AND FINAL ACCOUNT ACCOUNT CURRENT WAIVER OF ACCOUNT AND REPORT OF EXECUTOR ADMINISTRATOR ADMINISTRATOR-WITH-WILL-ANNEXED (*match caption on first page*) be settled, allowed, and approved as filed;
- c. All the acts and proceedings of Petitioner as executor administrator administrator-with-will-annexed be confirmed and approved;
- d. Petitioner shall be authorized to withhold \$ _____ to defray closing expenses and to pay any additional liabilities;
- e. (*If applicable*) Petitioner shall be authorized and directed to pay themselves the sum of \$ _____, representing statutory compensation for ordinary services rendered in the administration of this estate.
- f. (*If applicable*) Petitioner shall be authorized and directed to pay Attorney the sum of \$ _____, representing statutory compensation for ordinary services rendered in the administration of this estate.
- g. Distribution of the estate of decedent in petitioner's hands and any other property of decedent or the estate not now known or discovered be made to the persons entitled to it, as set forth in the petition; and that
- h. Such further order be made as the court considers proper.

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Dated: _____

 (SIGNATURE OF PETITIONER/ATTORNEY FOR PETITIONER)

 (TYPE OR PRINT NAME OF PETITIONER/ATTORNEY FOR PETITIONER)

VERIFICATION
 CCP 446, 2015.5

I declare that:

I am the executor administrator administrator-with-will-annexed of the above-entitled estate. I have read the foregoing PETITION FOR FINAL DISTRIBUTION AND ALLOWANCE OF FEES TO PERSONAL REPRESENTATIVE FIRST AND FINAL ACCOUNT WAIVER OF ACCOUNT AND REPORT OF EXECUTOR ADMINISTRATOR ADMINISTRATOR-WITH-WILL-ANNEXED (*match caption on first page*), and know the contents thereof; the same is true of my own knowledge, except as to those matters which are therein stated upon my information or belief, and as to those matters I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this verification was executed on (*date*) _____ at (*city*) _____ (*state*) _____.

Dated: _____

 (SIGNATURE OF PETITIONER/ATTORNEY FOR PETITIONER)

 (TYPE OR PRINT NAME OF PETITIONER/ATTORNEY FOR PETITIONER)