

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i> TELEPHONE NO: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<i>FOR COURT USE ONLY</i>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 315 W. ELM STREET MAILING ADDRESS: 315 W. ELM STREET CITY AND ZIP CODE: LODI, CA 95240 BRANCH OF NAME: LODI		
IN THE MATTER OF <i>(Name):</i> _____	CASE NUMBER: _____	
CONFIDENTIAL TRUST DOCUMENTS COVERSHEET Local Rule 4-202	HEARING DATE: _____	
	DEPT: _____	TIME: _____

NOTICE TO PETITIONER

Where a trust is a beneficiary of a decedent's estate and the proposed personal representative is also trustee of the trust, you must file a true and correct copy of the trust, including any amendments, disclaimers, and any directions or instructions to the trustee that affect the disposition of the trust. The documents will be a confidential filing that shall not be released to any party absent a prior order to the court.

PLEASE NOTE **ONLY COPIES** OF TRUST DOCUMENTS AND **NOT ORIGINALS** SHOULD BE ATTACHED TO THIS FORM. ANY DOCUMENTS ATTACHED TO THIS FORM WILL BE SHREDDED AND DESTROYED AFTER ELECTRONIC IMAGING.

1. Petitioner/proposed personal representative:

Name: _____ Telephone: _____
 Address: _____

2. Number of pages, including this cover sheet, being submitted: _____

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

Date: _____

SIGNATURE (PETITIONER/PROPOSED PERSONAL REPRESENTATIVE)