

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):

TELEPHONE NO:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

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

ESTATE OF (Name):

CASE NUMBER:

NOTICE OF REFUSAL TO PETITION FOR PROBATE OF WILL OR CODICIL

1. A document dated _____ is attached to this notice. This document purports to be a will or codicil.

An original copy of this document :

has been found.

has been found and lodged with the Superior Court of California, County of San Joaquin.

2. A petition was filed with the same court by (name): _____

a. This petition does not request probate of or distribution under the document mentioned above. Instead, the petition requests:

a finding that the decedent's last will is the Will and or codicil dated: _____

a finding that the decedent left no will.

b. This petition

was granted by court order on (date): _____ or has not yet been granted.

3. You are receiving this notice because you are a party entitled to notice under law.

4. (Check the applicable box below)

a. The petition is a petition for letters of administration, letters of administration with will annexed or probate of will. You will be barred from filing a petition for probate of the document attached to this notice if you fail to do so within the later of these time periods:

1) 120 days after the court's order on petition mentioned above in Item 2.

2) 60 days after you first obtained knowledge of the will. Probate Code 8226(c).

b. The petition is a petition to determine succession to real property or spousal property petition. You will be barred from filing a petition requesting distribution different than the distribution requested in the petition mentioned above in Item 2, if you fail to do so before the hearing on the petition in Item 2.

Date: _____

(Signature of Petitioner or Attorney)

NOTICE OF REFUSAL TO PETITION FOR PROBATE OF WILL OR CODICIL

ESTATE OF::	CASE NUMBER:
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PROOF OF SERVICE OF NOTICE OF REFUSAL TO PETITION FOR PROBATE OF WILL OR CODICIL

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.
2. My residence or business address is:
3. I served the foregoing Notice of Refusal to Petition for Probate of Will or Codicil on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
 - 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 the 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 United State Postal Service in a sealed envelope with postage fully prepaid.
4. Date Mailed: _____ Placed mailed (*city, state*): _____

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

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)
(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (number, street, city, state and zip code)</u>
1.		
2.		
3.		
4.		

Continued on attachment.

PROOF OF SERVICE TO NOTICE OF REFUSAL TO PETITION FOR PROBATE OF WILL OR CODICIL