

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	SUPERIOR COURT OF CALIFORNIA COUNTY OF ALAMEDA BERKELEY COURTHOUSE 2120 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704
<input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> IN THE MATTER OF (name): <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER </div>	CASE NUMBER:
NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST	
<i>This notice is required by law. You are not required to appear in court, but you may attend the hearing and object or respond if you wish. If you do not respond or attend the hearing, the court may act on the filing without you.</i>	

1. NOTICE is given that (name):
 (fiduciary or representative capacity, if any):
 has filed a petition, application, report, or account (specify complete title and briefly describe):*

☐ The filing is a report of the status of a decedent's estate administration made under Probate Code section 12200. See the NOTICE below.

Please refer to the filed documents for more information about the case. (Some documents filed with the court are confidential.)

2. A HEARING on the matter described in 1 will be held as follows:

<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 40px; margin: 0 auto;"> Hearing Date </div>	Date: _____ Dept.: _____	Time: _____ Room: _____	Name and address of court, if different from above:
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NOTICE

**If the filing described in 1 is a report of the status of a decedent's estate
 administration made under Probate Code section 12200,
 YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNTING
 UNDER SECTION 10950 OF THE PROBATE CODE.**



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

* Do **not** use this form to give notice of a petition to administer an estate (see Prob. Code, § 8100, and use form DE-121), notice of a hearing in a guardianship or conservatorship case (see Prob. Code, §§ 1511 and 1822, and use form GC-020), or notice of a hearing on a petition to determine a claim to property (see Prob. Code, § 851, and use form DE-115/GC-015).

<input type="checkbox"/> ESTATE OF <i>(name)</i> :	<input type="checkbox"/> IN THE MATTER OF <i>(name)</i> :	CASE NUMBER:
<input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER		

CLERK'S CERTIFICATE OF POSTING

1. I certify that I am not a party to this cause.
2. A copy of the foregoing *Notice of Hearing—Decedent's Estate or Trust*
 - a. was posted at *(address)*:

 - b. was posted on *(date)*:

Date: _____ Clerk, by _____, Deputy

PROOF OF SERVICE BY MAIL*

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify)*:

3. I served the foregoing *Notice of Hearing—Decedent's Estate or Trust* on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. ☐ **depositing** the sealed envelope on the date and at the place shown in item 4 with the U.S. Postal Service with the postage fully prepaid.
 - 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 Hearing—Decedent's Estate or Trust* a copy of the petition or other document referred to in item 1 of the Notice.

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name</u>	<u>Address (street & number, city, state, zip code)</u>
1.		
2.		
3.		
4.		
5.		

☐ Continued on an attachment. (You may use Attachment to Notice of Hearing Proof of Service by Mail, form DE-120(MA)/GC-020(MA), for this purpose.)

* Do **not** use this form for proof of personal service. You may use form DE-120(P) to prove personal service of this Notice.

<input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> IN THE MATTER OF (Name):	CASE NUMBER:
<input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Decedent's Estate or Trust for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Decedent's Estate or Trust* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. ☐ I served with the attached *Notice of Hearing—Decedent's Estate or Trust* a copy of the petition or other document referred to in the Notice.
4. I am (check all that apply):
 - a. ☐ not a registered California process server.
 - b. ☐ a California sheriff or marshal.
 - c. ☐ a registered California process server.
 - d. ☐ an employee or independent contractor of a registered California process server.
 - e. ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
5. My name, address, telephone number, and, if applicable, county of registration and number, are (specify):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	Name	Address where served (number, street, city, and state)	Date and time service made
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____
5.			Date: _____ Time: _____
6.			Date: _____ Time: _____

☐ List of names and addresses of persons personally served by the undersigned continued on an attachment. (You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

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

Date: _____

(For California sheriff or marshal use only)

I certify that the foregoing is true and correct

Date: _____

(SIGNATURE)

(SIGNATURE)

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