*Attorney Name(s) or Party without Attorney*

*1 Firm Name*

*2 Mailing Address City, State, Zip Code*

*3 Phone Number(s) Fax Number*

*4 Email Address*

*5*

*Attorney for (Name) or Self-Represented*

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SUPERIOR COURT OF THE STATE OF CALIFORNIA

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COUNTY OF SAN FRANCISCO

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|  |  |  |
| --- | --- | --- |
|  | * Estate of * Trust * Conservatorship of * Guardianship of | Case Number:  **REQUEST FOR APPOINTMENT OF PROBATE REFEREE** |

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APPROXIMATE VALUE OF ESTATE MUST BE GIVEN AS INDICATED BELOW

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|  |  |  |
| --- | --- | --- |
| **SCHEDULE 1:** | (Cash and other self-appraised items) | $ |
| **SCHEDULE 2:** | (Approximate Value of Assets to be Appraised by Probate Referee) | | |
|  | Personal Property | $ |
|  | Real Property |  |
|  | IN County | $ |
|  | OUT of County | $ |

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Date:

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24 Printed Name Signature of Party or Attorney

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TO BE SUBMITTED TO THE PROBATE CLERK TOGETHER WITH ORIGINAL AND ONE COPY OF “ORDER APPOINTING PROBATE REFEREE” AND A POSTAGE PAID SELF-ADDRESSED ENVELOPE

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REQUEST FOR APPOINTMENT OF PROBATE REFEREE

PRB-PES-003

Rev. April 07, 2025