Attorney Name(s) or Party without Attorney

Firm Name

City, State, Zip Code

Phone Number

Email

Attorney for (Name) or Self-represented

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**COUNTY OF SAN FRANCISCO**

|  |  |
| --- | --- |
| * Estate of * Trust * Conservatorship of * Guardianship of | Case No.:  **Request for appointment of  probate referee** |

APPROXIMATE VALUE OF ESTATE MUST BE GIVEN AS INDICATED BELOW

|  |  |  |
| --- | --- | --- |
| **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 | $ |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Attorney or Party without attorney)*

Print Name: