

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis St., Indio, CA 92201

RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR038

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

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO. (if any)

E-MAIL ADDRESS (*Optional*):

ATTORNEY FOR (*Name*):

IN THE MATTER OF:

CASE NUMBER:

**NOTICE TO FRANCHISE TAX BOARD
Probate Code § 9202(c)**

1. You are hereby given notice of administration of the estate of the following person:
 - a. Decedent's Name: _____
 - b. Date of Death: _____
 - c. Social Security Number: _____
2. A copy of the decedent's death certificate is attached.
3. The party providing you with this notice is as follows:
 - a. Name: _____
 - b. Address: _____
 - c. Telephone: _____
 - d. Capacity: Estate Attorney, Personal Representative
4. If you have a claim against the above-mentioned estate(s) please forward documentation to the address indicated in item 3 above.

Date: _____

(PARTY PROVIDING NOTICE)

