

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 42-600 Oasis St., Indio, CA 92201
 RIVERSIDE 4050 Main St., Riverside, CA 92501

TEMECULA 41002 County Center Dr., #100, Temecula, CA 92591

RI-PR054

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p style="text-align: center;">CASE NUMBER: _____</p>
<p>NOTICE TO PUBLIC ENTITIES Probate Code §§ 9200-9201, 19201 – Government Code § 811.2</p>	

1. You are hereby given notice of death of the following person:
 - a. Decedent's Name: _____
 - b. Date of Death: _____

2. The party providing you with this notice is as follows:
 - a. Name: _____
 - b. Address: _____
 - c. Telephone: _____
 - d. Capacity: Estate Attorney, Personal Representative, Trustee

3. A case has been opened for claims to be filed under Probate Code § 9201 or 19201 as follows:
 - a. Case Name: _____
 - b. Case Number: _____
 - c. SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

4. If you have a claim against the above-mentioned estate(s), please forward documentation to the address indicated in item 2 above.

Date: _____ (SIGNATURE OF PARTY PROVIDING NOTICE)

IN THE MATTER OF:	CASE NUMBER:
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PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and am not a party in this cause. I am a resident of or employed in the county where the mailing occurred.

2. My (the servers) home or business address is : _____
(STREET ADDRESS)

(CITY, STATE, ZIP)

3. I served the forgoing Notice to Public Entities by enclosing a copy in an envelope addressed to:

Employment Development Department
 Post Office Box 826880
 Sacramento, CA 94280-0001

State Board of Equalization
 Post Office Box 942879
 Sacramento, CA 94279-0001

and depositing the sealed envelope with the United State Postal Service with the postage fully prepaid.

4. Date mailed: _____ Place mailed (city,state): _____

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

Date: _____
(SIGNATURE OF DECLARANT)