

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**INDIO** 46-200 Oasis St., Indio, CA 92201  
 **RIVERSIDE** 4050 Main St., Riverside, CA 92501

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

**RI-PR080**

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</small>		<small>FOR COURT USE ONLY</small>
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		CASE NUMBER: _____
IN THE MATTER OF: _____		
Hearing Date: _____	Time: _____	Department: _____
<b>PETITION FOR SMALL ESTATE SET-ASIDE</b> <b>Probate Code §6600 et seq.</b>		

1. Petitioner (name): \_\_\_\_\_ requests an order that the entire estate be set aside and assigned to the following (check all that apply):
  - a.  surviving spouse
  - b.  surviving registered domestic partner
  - c.  minor child/children
  
2. Petitioner is
  - a.  surviving spouse or registered domestic partner of the decedent
  - b.  guardian of minor child of the decedent
  - c.  interested party (relationship to decedent): \_\_\_\_\_
  
3. Petitioner alleges the net value of the estate, over and above all liens and encumbrances at the date of decedent's death and over and above the value of any probate homestead interest set apart out of the decedent's estate does not exceed \$20,000.
  
4. Petitioner alleges entitlement to the entire estate for the following reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Decedent died on (date): \_\_\_\_\_.
  
6. Proceedings for estate administration:  are OR  are not pending.
  
7. If decedent died testate, an executed copy of the will must be attached to this declaration.  
OR:  
 the decedent died intestate (without a will).

IN THE MATTER OF:	CASE NUMBER:
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8. The estate is expected to be:     solvent     insolvent

9. Date inventory and appraisal filed: \_\_\_\_\_

10. The estate consists of the following property (*include value, any out-of-state property and any property designated as probate homestead*):

\_\_\_\_\_

\_\_\_\_\_

11. The unpaid liabilities or expenses of last illness, funeral charges and expenses of administration are:

\_\_\_\_\_

12. The heirs and devisees of decedent (*provide names, ages, addresses and relationships to decedent*) entitled to notice are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)