

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

**PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262  
 **TEMECULA** 41002 County Center Dr., Ste. 100, Temecula, CA 92591

**RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR038**

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| <p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p><br><br><p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p> | <p style="text-align: center;"><i>FOR COURT USE ONLY</i></p><br><br><br><br><br><br><br><br><br><br><p style="text-align: center;">CASE NUMBER: _____</p> |
| <p><b>NOTICE TO FRANCHISE TAX BOARD</b><br/><b>Probate Code § 9202(c)</b></p>   |   |

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) \_\_\_\_\_

|                   |              |
|-------------------|--------------|
| IN THE MATTER OF: | CASE NUMBER: |
|-------------------|--------------|

**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 foregoing NOTICE OF ADMINISTRATION, FRANCHISE TAX BOARD by enclosing a copy in an envelope addressed to:

Franchise Tax Board  
P.O. Box 2952, MS A-454  
Sacramento, California 95812-0479

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)