

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- MURRIETA** 30755-D Auld Rd., Murrieta, CA 92563
- PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262

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

RI-PR038

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