

**- CHECKLIST -
 PETITION TO DETERMINE SUCCESSION
 AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE**

Your Name: _____

Date: _____

All of the Deceased person's heirs who were living when the Decedent died, must sign all of the papers and other forms- If they are not now all living, a formal probate may be required.

<i>Decedent:</i>	
Full name	
Date of death	_____ <i>NOTE: 40 days to 6 months must pass from the date of death to the date papers are filed with the Court, depending on the procedure that is available.</i>
Marital status as of the date of death	Single: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ <small>(Give the name even if the spouse died before the Decedent.)</small> Addr: _____ _____ Phone: (____) _____ Age/DOB: _____ Divorced: <input type="checkbox"/> Yes <input type="checkbox"/> No If Decedent's spouse died before the Decedent: Date of death: _____
SSN and DOB	
Place of death	
Residence as of the date of death	County: _____ State: _____
Will? (Attach a <u>exemplified</u> copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Where is the original?
Trust? (Attach a <u>complete</u> copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Where is the original?
Value of <u>all</u> property in California	<input type="checkbox"/> Over \$150,000.00 <input type="checkbox"/> Under \$150,000.00 <input type="checkbox"/> Under \$50,000.00 General description of <u>all</u> property in California- add additional pages (e.g. a copy of a deed).

NOTE: On this and all following pages, for names of persons, please make sure you provide the complete, current, legal name of each person. If a Will or Trust had a different name for the person, please include that name also, as an “aka.” Add additional pages as necessary.

BENEFICIARIES:	<i>Please use additional pages as necessary to provide complete information:</i>
<p>For <u>each</u> beneficiary (person or entity) identified in the Decedent's Will and Trust (if any), state their name, address, telephone number, and age or DOB (for individuals).</p> <p>If any such person died before or after the Decedent, state the date of death (DOD) and last known residence address.</p>	<p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p>

HEIRS: *Please use additional pages as necessary to provide complete information:*

If the Decedent had any living children as of the Decedent's date of death, state the name, address, phone number and DOB or age for each such child.

Decedent had no living children.

Name: _____
Addr: _____
Phone: (____) _____
Age/DOB: _____
DOD: _____

Name: _____
Addr: _____
Phone: (____) _____
Age/DOB: _____
DOD: _____

Name: _____
Addr: _____
Phone: (____) _____
Age/DOB: _____
DOD: _____

Name: _____
Addr: _____
Phone: (____) _____
Age/DOB: _____
DOD: _____

Name: _____
Addr: _____
Phone: (____) _____
Age/DOB: _____
DOD: _____

Name: _____
Addr: _____
Phone: (____) _____
Age/DOB: _____
DOD: _____

If the Decedent had any deceased children as of the Decedent's date of death, state the name, address, phone number, date of death, and DOB or age for each such child, and if such deceased child had any issue* who survived the Decedent, provide the same information for each of them.

(*Issue= Children, grandchildren, great-grandchildren, etc.)

Decedent had no deceased children.

Name: _____

Addr: _____

Phone: (____) _____

Age/DOB: _____

DOD: _____

Name: _____

Addr: _____

Phone: (____) _____

Age/DOB: _____

DOD: _____

Name: _____

Addr: _____

Phone: (____) _____

Age/DOB: _____

DOD: _____

Name: _____

Addr: _____

Phone: (____) _____

Age/DOB: _____

DOD: _____

Name: _____

Addr: _____

Phone: (____) _____

Age/DOB: _____

DOD: _____

Name: _____

Addr: _____

Phone: (____) _____

Age/DOB: _____

DOD: _____

<p>If no issue of the Decedent survived the Decedent: If either of the parents of the Decedent survived the Decedent, state for each their name, address, phone number, and age or DOB. For each deceased parent, state the date of death and residence as of the date of death.</p>	<p><input type="checkbox"/> Decedent's parents, or one parent, was still living as of Decedent's date of death.</p> <p><input type="checkbox"/> Decedent's parents were both deceased as of Decedent's date of death.</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p>
<p>If no issue or parents of the Decedent survived the Decedent:</p> <p>If the Decedent had any siblings who survived the Decedent, state for each their name, address, phone number, and age or DOB.</p> <p>If a sibling failed to survive the Decedent, state for each the date of death and residence as of the date of death.</p>	<p><input type="checkbox"/> Decedent's parents had no siblings (living or deceased).</p> <p><input type="checkbox"/> Decedent's parents' sibling(s) (some or all) are deceased, and the deceased sibling(s) had issue who survived Decedent.</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p>

<p>If a sibling of the Decedent failed to survive the Decedent: If such deceased sibling left issue who did survive the Decedent, state for each: their name, address, phone number, and age or DOB.</p>	<p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p> <p>Name: _____ Addr: _____ Phone: (____) _____ Age/DOB: _____ DOD: _____</p>
	<p>If any of the persons listed above survived the Decedent, but is now deceased, please include each such deceased person's date of death, and advise whether such deceased person's estate went through probate and who the personal representative (a.k.a. executor) was.</p>

	If none of the Decedent's issue, spouse, parents, siblings, and issue of deceased siblings survive the Decedent, call my office to discuss who the heirs of the Decedent are.
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Are there now, or have there been, any probate proceedings for the Decedent's estate in any state?	<input type="checkbox"/> No <input type="checkbox"/> Yes- Where: _____ Case no.: _____ Executor: Name: _____ Addr: _____ Phone: (____) _____ Please provide copies of Letters of Administration and the final order of distribution, if such has been issued by the appropriate Court.
<i>Death Certificate</i>	Attach an original certified copy.

<i>Real Property</i>	
Legal Description: (Or- Attach a copy of the deed for the real property)	
APN (Assessor's Parcel Number):	
Condition:	Describe the physical condition of the real property. <ul style="list-style-type: none"> • Exterior • Interior Since the Decedent's date of death, have any repairs or upgrades been made to the property? <ul style="list-style-type: none"> • If so, describe them in detail. Are there any repairs that need to be made to the property at this time? <ul style="list-style-type: none"> • If so, describe them in detail.

