

RE IN THE MATTER OF:	CASE NUMBER:
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ATTACHMENT FOR FINAL ACCOUNTS

1. This is a final account for the following reason:
- a. The ward has reached the age of 18. The remaining assets of the estate should be distributed to the ward.
 - b. The court terminated the conservatorship/guardianship/trust estate on *(date)*: _____
The Petitioner has turned over all remaining assets to the parties indicated in the court order as shown in the receipt(s) provided in attachment 19.
 - c. Petitioner is no longer serving as conservator/guardian/trustee and successor was appointed per Court order on *(date)*: _____. Petitioner has turned over all remaining assets to the successor as indicated in the receipt(s) provided in attachment 19.
 - d. The estate has been entirely exhausted through disbursements as indicated in the attached schedules.
 - e. The conservatee/minor/beneficiary died on *(date)*: _____

at *(place)*: _____
- (1) A separate Summary of Account and set of schedules for transactions after the death is attached.
(Attach Judicial Council Forms GC-400, et seq. or GC-405, et seq.)
- (2) The notice required by Probate Code 215/19202 was served on the California Department of Health Services on *(date)*: _____ with a copy of Decedent's death certificate
- And with a copy of the death certificate of the Decedent's pre-deceased spouse or registered domestic partner *(name)*: _____

Or

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1. e. (2) The decedent did did not receive and was was not the surviving spouse or registered domestic partner of a person who received Medi-Cal benefits.

(3) Petitioner knows of no heir that is confined in a prison or facility under the jurisdiction of the Department of Corrections or the Department of Youth Authority or confined in any county jail, Road camp, industrial farm or local correctional facility, therefore no notice is required to be given to the Director of California Victim Compensation and Government and Government Claims board under Probate Code Section 216;

Or

Notice was given as required under Probate Code Section 216 on (*date*): _____

(4) (For trusts only) Other than taxes or creditor claims otherwise addressed in this petition, Petitioner has no reason to believe that a any public entity listed in Probate Code 19201 has any basis for making a claim

Or

Notice was sent as follows:

	Date Mailed		Date Mailed
<input type="checkbox"/> Sales and Use Tax _____		<input type="checkbox"/> Motor Vehicle Fuel License Tax _____	
<input type="checkbox"/> Use Fuel Tax _____		<input type="checkbox"/> Franchise and Income Tax _____	
<input type="checkbox"/> Cigarette Tax _____		<input type="checkbox"/> Alcoholic Beverage Tax _____	
<input type="checkbox"/> Unemployment Insurance _____		<input type="checkbox"/> State Hospital for Mentally Disordered _____	

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1. e. (5) (For special needs trusts only) The notice required by Probate Code 3605 for the trust was served as follows:
- California Department of Health Care Services (*date*): _____
 - California Department of Mental Health (*date*): _____
 - California Department of Developmental Services (*date*): _____
 - The County or City and County of (*name*): _____
- that made a written request to the trustee for notice (*date*): _____

- (6) No claims have been received in response to the notices in items (2) through (5) above.
- Copies of all claims received are provided in attachment 19.

- (7) Petitioner is informed, believes and therefore alleges that the following persons are beneficiaries and/or heirs of the Decedent as indicated in attachment 19 as follows:

Name	Relationship	Age	Share of estate

- Information regarding additional beneficiaries contained on Attachment 19.
- (8) After payment of requested compensation, the assets of the estate will be entirely exhausted.

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ATTACHMENT FOR FINAL ACCOUNTS

1. e. (8) The remaining assets of estate should be distributed as follows:

to the personal representative of the Decedent's estate who has been appointed in the following case number: _____ has not yet been appointed.

to the following successor(s) in interest of the decedent who have signed declarations under Probate Code 13100 which are attached as Attachment 19:

Name	Relationship	Age	Share of estate

Continued in Attachment 19.

to the beneficiaries of the trust as follows:

Name	Relationship	Age	Share of estate

Continued in Attachment 19.