

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER	<i>FOR COURT USE ONLY</i>	
TELEPHONE NO.:				
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):				
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>				
COURTHOUSE ADDRESS:				
MATTER OF:				
_____, Decedent				
<b>EX PARTE ORDER FOR RELEASE OF REMAINS OF A DECEDENT</b>			CASE NUMBER:	
			HEARING DATE:	
			DEPT.:	TIME:

**THIS ORDER AUTHORIZES THE RELEASE OF THE REMAINS OF A DECEDENT AND DOES NOT GRANT ANY AUTHORITY TO COLLECT OR MARSHALL THE PROPERTY OF A DECEDENT.**

1. Presented/heard on \_\_\_\_\_ at \_\_\_\_\_ in Dept./Room \_\_\_\_\_,  
(Date) (Time)  
the Honorable \_\_\_\_\_ presiding.  
(Judge's Name)
  
2. The Court finds:
  - a. All notices required by law have been given, dispensed with, or waived.
  - b. Decedent died on: \_\_\_\_\_,  
(Date)  
 a resident of Los Angeles County  
 a non-resident of Los Angeles County, but remains are located in Los Angeles County.
  - c. No person of closer kinship to the decedent than petitioner has come forward to claim the decedent's remains.
  
3. The Court orders:  
that \_\_\_\_\_ is hereby authorized to claim the remains of  
(Name of Petitioner)  
\_\_\_\_\_ and to make any and all arrangements for the final  
(Name of Decedent)  
disposition of said remains.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Judge of the Superior Court

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**Ex Parte Order for Release of Remains**