ATTORNEY OR PARTY WI	THOUT ATTO	RNEYSTATE BAR NO.:		For Co	urt Use Only
NAME:				10/00	
STREET NAME:					
CITY:	STATE:	ZIP CODE:			
TELEPHONE NO .:					
EMAIL ADDRESS:					
SUPERIOR COURT C	OF CALIFOF	RNIA, COUNTY OF SAN BE	RNARDINO		
STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
IN THE MATTER OF:					
				CASE NUMBER(S):	
DECLARATION IN		OF REQUEST FOR BOND	WAIVER		DEDT
	(Local	Rule 20-401)		HEARING DATE:	DEPT.:

I/We, (name of petitioner(s)) _____

declare the following in support of my/our request that bond be waived for my/our appointment as personal representative of the estate:

1. The subject estate is expected to be: \Box solvent \Box insolvent

2. The known or reasonably-ascertainable unsecured creditors, including contingent liabilities, are as follows:

Name of Creditor or	Address	Estimated
Contingent Liability		Liability
L	Total:	

Total:

3. The decedent is expected to owe the following taxes:

a.	State income tax:	\$
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- b. Federal income tax: \$_____
- c. Real and personal property tax: \$_____

Total:

DECLARATION IN SUPPORT OF REQUEST FOR BOND WAIVER (Local Rule 20-401)

\$

1 THE	MATTER OF:	CASE NUMBER(S):			
The	The following efforts were made to obtain the information contained in this Declaration:				
	□ Reviewed decedent's mail for days				
	Reviewed most recent utility bills.				
	Reviewed most recent property tax bills				
	Reviewed bank statements for the last months				
	Reviewed most recent state income tax return				
	Reviewed most recent federal income tax return				
	Other efforts:				

5. I/We understand that the Court may deny the request to waive bond and retains jurisdiction pursuant to Probate Code Section 8481 to impose bond for good cause.

I/WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Date:

Type or Print Name

Signature of Declarant

Date:

Type or Print Name

Signature of Declarant