**ATTACHMENT PB-4042**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address):* | ***FOR COURT USE ONLY*** |
|---|---|
| TELEPHONE NUMBER: FAX NUMBER *(Optional)*:<br>EMAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: | To keep other people from seeing what you have entered, please press the Reset Form button at the end of this form when finished. |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**<br>MAILING ADDRESS 191 North First Street<br>CITY AND ZIP CODE: San José, California 95113<br>BRANCH NAME: Downtown Courthouse - Probate Division | |
| ESTATE OF *(name of deceased person)*: | |
| **PETITION TO REMOVE PERSONAL REPRESENTATIVE** | CASE NUMBER: |

I, *(my name)* _____, declare:

I am a: ☐ Beneficiary ☐ Heir ☐ Other: _____

I am petitioning to remove *(name)*: _____ as

personal representative of the estate of the above-named decedent for the following reasons:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Check here if you need more space. Continue to explain on a separate piece of paper and attach it to this page.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct of my own knowledge.

| Today's date | Print your name here | Sign your name here |
|---|---|---|