ATTACHMENT PB-4037

ATTORNEY OR PARTY WITHOUT ATTORN	NEY (Name, State Bar Number and Address):	FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NUMBER (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
	ALIFORNIA, COUNTY OF SANTA C	LARA
	e, California 95113	
DIVISION: Probate I	Division	
ESTATE OF (name of deceased)	person):	
OR IECTION	TO DETITION TO DEMOVE	CASE NUMBER:
	TO PETITION TO REMOVE IAL REPRESENTATIVE	
I, (my name)		, declare:
•		
I object to the Petition to R	demove Personal Representative filed	by
(name):		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 own knowledge.	perjury of the laws of the State of Ca	alifornia that the foregoing is true and correct of my
Today's date	Print your name here	Sign your name here

ESTATE OF (name):		CASE NUMBER:		
	PROOF OF SERVICE			
1. I am over age 18 and am not a party in this case. I live or work in the county where the mailing occurred.				
2. My (the server's) home or busir	ness address is:			
		STREET ADDRESS		
		CITY, STATE, ZIP		
 I served the Petition to Remove 3 addressed as shown below AND 	Frustee on each person named b	pelow by putting a copy in a sealed envelope		
depositing the envelope with with the postage fully prepaid.		e on the date and at the place shown in item 4		
ordinary business practices. I correspondence for mailing. (am readily familiar with this bus On the same day that correspond	nd at the place shown in item 4 following our iness's practice for collecting and processing lence is placed for collection and mailing, it is tes Postal Service in a sealed envelope with		
4. Date mailed:	_ Place mailed (city, state):			
Own knowledge. Date Signed Server	r Prints His/Her Name Here	Server Signs His/Her Name Here		
l Mail	ed this Notice to the Follow	ng People:		
Names of People Served:	Addresses of People S	erved:		
Name:	Mailing Address:			
	City, State, Zip Code:			
Name:	Mailing Address:			
	City, State, Zip Code:			
Name:	Mailing Address:			
	City, State, Zip Code:			
Name:	Mailing Address:			
	City, State, Zip Code:			
☐ Additional people are listed on an	attachment			