ATTACHMENT PB-4042

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):	FOR COURT USE ONLY
TELEPHONE NUMBER: FAX NUMBER (Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA	
MAILING ADDRESS 191 North First Street	
CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Downtown Courthouse - Probate Division	
ESTATE OF (name of deceased person):	-
LOTATE OF (hame of deceased person).	
	CASE NUMBER:
PETITION TO REMOVE PERSONAL REPRESENTATIVE	
I, (my name)	, declare:
I am a: Beneficiary Heir Other:	
I am petitioning to remove (name):	as
☐ Check here if you need more space. Continue to explain on a separ	ate piece of paper and attach it to this page.
I declare under penalty of perjury of the laws of the State of California own knowledge.	that the foregoing is true and correct of my
Today's date Print your name here	Sign your name here