ATTACHMENT PB-4043

ATTORNEY OR PARTY WITHOUT ATTOR	RNEY (Name, State Bar Number and Address):	FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NUMBER (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
	CALIFORNIA, COUNTY OF SANTA CLARA	
·	sé, California 95113	
DIVISION: Probate	Division	
GUARDIANSHIP OF (name):		
		CASE NUMBER:
OBJECT	ION TO GUARDIANSHIP	
I do not agree that	s the Mother Father Other (description of the control of the contr	ld be guardian of the child/children because:
-		
☐ Check here if you need	d more space. Continue to explain on a sepa	arate piece of paper and attach it to this page.
I declare under penalty of own knowledge.	f perjury of the laws of the State of California	a that the foregoing is true and correct of my
Today's date	Print your name here	Sign your name here

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	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.
My (the server's) home or business address is:	
2. My (ind conver of neme of bueniese dudicate ici	STREET ADDRESS
	CITY, STATE, ZIP
3. I served the Petition to Remove Trustee on each person name addressed as shown below AND	d below by putting a copy in a sealed envelope
depositing the envelope with the United States Postal Serv with the postage fully prepaid.	ice on the date and at the place shown in item 4
placing the envelope for collection and mailing on the date ordinary business practices. I am readily familiar with this b correspondence for mailing. On the same day that correspondence in ordinary course of business with the United S postage fully prepaid.	usiness's practice for collecting and processing ndence is placed for collection and mailing, it is
4. Date mailed: Place mailed (city, state): _	
Date Signed Server Prints His/Her Name Here I Mailed this Notice to the Follo	Server Signs His/Her Name Here wing People:
Names of People Served: Addresses of People	
Name: Mailing Address:	Served:
	Served:
City, State, Zip Code:	
Name: City, State, Zip Code: Mailing Address:	
Name: Mailing Address: City, State, Zip Code: City, State, Zip Code:	
Name: Mailing Address: City, State, Zip Code: City, State, Zip Code: Mailing Address:	
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: Mailing Address: City, State, Zip Code:	