

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>FOR COURT USE ONLY</i>	
TELEPHONE NO.:			
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS:			
ESTATE OF:			
STATUS REPORT OF ADMINISTRATION		CASE NUMBER:	
		HEARING DATE:	
		DEPT.:	TIME:

Petitioner, _____, is the personal representative of the
(Name)
 decedent and alleges the following:

1. Decedent's date of death: _____.
2. Date letters testamentary/letters of administration were issued: _____
3. All persons entitled to notice of the petition are listed in **Exhibit A** attached hereto, including persons who have requested special notice.
4. Is a federal estate tax return required? Yes No
5. What is the condition of the estate? Answer yes or no to each of the following:

	Yes	No
a. Has Petitioner performed all required duties as personal representative?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have all known debts of the decedent been paid?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have all administration costs incurred to date, except for compensation to the personal representative and the personal representative's attorney, been paid?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the estate solvent?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have any creditors' claims have been filed?	<input type="checkbox"/>	<input type="checkbox"/>
f. If the answer to "e" is yes, have all claims been allowed?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there any pending litigation involving the estate?	<input type="checkbox"/>	<input type="checkbox"/>

(If the answer to "a," "b," "c," "d," or "f" above is no, explain below. If the answer to "g" is yes, describe and give current status below.)

Status Report of Administration

6. How much additional time is needed to complete administration of the estate?
Explain.

PRAYER: Petitioner requests authority to continue administration of the estate until

(Date)

Dated: _____

(Signature)

Petitioner (Typed or Printed Name)

(Name of Attorney or Law Firm)

By: _____
Attorney for Petitioner (Signature)

VERIFICATION

I, _____, declare as follows:
(Petitioner)

1. I am the Petitioner in the above-entitled matter.
2. I have read the foregoing petition and I certify that the same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe them to be true.
3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 2____, at _____
(City and State)

(Signature)

EXHIBIT A

PERSONS ENTITLED TO NOTICE

(Include persons who have requested special notice.)

Name	Address	Relationship

IMPORTANT: Notice of the hearing on this Status Report must be given to all persons interested in the estate in the manner required by Probate Code § 12201(b), including the statement “YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNT UNDER SECTION 10950 OF THE CALIFORNIA PROBATE CODE” in not less than 10 point boldface type if printed or in all capital letters if not printed.