Attorney Name(s Firm Name	s) or Party without Attorney		
Mailing Address			
City, State, Zip C			
Phone Number(s	3)		
Fax Number Email Address			
Attorney for (Nar	ne) or Self-Represented		
	SUPERIOR COURT OF THE	IE STATE OF CALI	FORNIA
	COUNTY OF S	AN FRANCISCO	
☐ Estate of		Case Number:	
☐ Conservators	hip of		
$\square$ Guardianship	of	REQUEST FOR A	PPOINTMENT OF
Name		PROBATE REFEREE	
☐ Decedent ☐C	Conservatee ☐ Minor		
APPROXI	MATE VALUE OF ESTATE N	UST BE GIVEN AS	INDICATED BELOW
SCHEDULE 1:	(Cash and other self-apprais	sed items) \$	
SCHEDULE 2:	CHEDULE 2: (Approximate Value of Assets to be Appraised by Probe Referee)  Personal Property \$		
	Real Property		
	IN County	\$	
	•	•	
	OUT of Cou	nty \$	
Date:			
Date:Printed Name		Signature of Party of Phone Number:	

REQUEST FOR APPOINTMENT OF PROBATE REFEREE - 1

ADDRESSED ENVELOPE

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