L-0758

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS:	STATE BAR N	IO.:	FOR COUR	T USE ONLY
CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR <i>(name):</i>	STATE: FAX NO.:	ZIP CODE:		
SUPERIOR COURT OF CALIFORNIA, CO CENTRAL JUSTICE CENTER 700 Civic Center Drive West Santa Ana, CA 92701-4045	OUNTY OF O	RANGE		
IN THE MATTER OF:			CASE NUMBER:	
DECLARATION IN SUPPORT OF BOND WAIVER (LOCAL RULE 603.07)			HEARING DATE: DEPT.: TIME:	

I/We, (name of petitioner(s)) _____

request bond be waived for my/our appointment as personal representative of the estate.

1. The decedent is expected to owe the following taxes:

State income tax: \$_____

Federal income tax: \$

Real and personal property tax: \$_____

Total: \$ _____

2. The decedent owes or might owe money to (list only unsecured debts or possible debts):

Name of Creditor	Address	Maximum Potential Liability
	Tot	al:

IN THE MATTER OF:	CASE NUMBER:			
3. The estate is expected to be: Solvent insolvent				
4. The efforts taken to obtain the above information were as follows:				
Reviewed decedent's mail for days				
Reviewed current utility bills				
Reviewed current property tax bills				
Reviewed bank statements for the last months				
Reviewed most recent income tax returns				
□ Other:				

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(DATE)

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)

(SIGNATURE OR PETITIONER)