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	v		v	-

Γ				L-0759
ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS:	STATE BAR NO.:		FOR COURT U	SE ONLY
CITY:	STATE: ZIP CO	DDE:		
TELEPHONE NO .:	FAX NO.:			
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, C COSTA MESA JUSTICE COMPLEX 3390 Harbor Blvd. Costa Mesa, CA 92626-1554	OUNTY OF ORANGE			
IN THE MATTER OF (Name):		CASE NU	MBER:	
DECLARATION OF DU	JE DILIGENCE	HEARING	HEARING DATE:	
AND REQUEST TO DISPENSE WITH NOTICE		E DEPT.:		TIME:
NOTE: Please complete Section A if y required to give notice, and/or Section notice, but their location is unknown.				
I, <i>(name)</i>			, de	eclare as follows:
I am a Petitioner in this action.				
A. 🗌 I have been unable to determ	nine the name of th	e (relationship)		
of the (<i>check one</i>) 🗌 Minor(s) 🗌 Conservatee 🗌] Decedent. I hav	e attempted t	o determine the
name of this person as follow	/s:			
l ask the court to dispense w	th notice to this pe	rson.		
B. \Box I have been unable to locate	the whereabouts o	f		
the <i>(relationship)</i>				
of the (check one)				
			's last k	nown address is:
☐ I and/or ☐ someone else (n	ame)			
last had contact with this per				
				Page 1 of 4
Form Adopted for Optional Use	ECLARATION OF DU			ode §§ 1511; 1822; 8100

	I attempted to reach him/her at their last known address or telephone number.				
	When:				
	How:				
	Result:				
	I searched Internet search engines (such as Bing, Google, and Yahoo, or other search engines).				
	Website Name:				
	Result:				
	Website Name:				
	Result:				
	Website Name:				
	Result:				
	I searched social media websites (such as Facebook, Instagram, and Twitter, or other websites).				
	Website Name:				
	Result:				
	Website Name:				
	Result:				
	Website Name:				
	Result:				
	I contacted his/her last known place of employment.				
	Employer:				
	Date(s) employed there:				
	Result:				
	I was unable to contact his/her last known place of employment because:				

I contacted his/her relatives.	
Name:	Date:
Relationship:	
How:	
Result:	
Name:	Date:
Relationship:	
How:	
Result:	
Name:	Date:
Relationship:	
How:	
Result:	
Name:	
Relationship:	
How:	
Result:	
I was unable to contact his/her relatives because:	
I contacted his/her friends and acquaintances.	
Name:	Date:
How:	
Result:	
Name:	Date:
How:	
Result:	
Name:	
How:	
Result:	
I was unable to contact his/her friends and acquaintar	nces because:

כ ק כ ק ו	Contact info: Result: County: Contact info: Result:		
R C C R I []	Result: County: Contact info: Result:	Date:	
R C C R I I	Result: County: Contact info: Result:	Date:	
C R 	Contact info:		
R □ -	Result:		
□ I _			
_	was unable to contact the County		
- 		Tax Assessors Office because:	
	have reason to believe he/she is	currently in a hospital or jail.	
F	Place:	Date/Time:	
F	Result:		
		Date/Time:	
R	Result:		
- - -			
-			
		tice to the person identified above becaus is proceeding, despite my diligent efforts.	e I have been
declare	e under penalty of perjury under th	ne laws of the State of California that the fo	pregoing is true and
orrect.	Executed on (date)	at <i>(city)</i>	, California.

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)