

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- INDIO** 46-200 Oasis St., Indio, CA 92201
 RIVERSIDE 4050 Main St., Riverside, CA 92501

- TEMECULA** 41002 County Center Dr., #100, Temecula, CA 92591

RI-PR090

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
IN THE MATTER OF: _____	
DECLARATION RE: FAMILY HISTORY OF THE DECEDENT	

Note to Petitioner: This form can be filed with a Petition for Probate (form DE-111), Petition to Determine Succession (form DE-310), or Spousal Property Petition (form DE-211) to clarify which parties are entitled to notice.

A. The decedent (the person who has died) is named: _____ .

Parents

B. List the parents of the decedent. If either is deceased, list his or her approximate date of death:

Parent's name	Date of Death
Mother:	
Father:	

Children

C. List the name of every child of the decedent, including biological children, adopted children, stepchildren, and foster children. If deceased, list their approximate date of death:

Child's Name	Type of Child (biological, adopted, step, foster)	Date of Death

Additional children are listed in attachment C.

IN THE MATTER OF:	CASE NUMBER:
-------------------	--------------

Spouse/ Partner

D. List the name of every spouse or registered domestic partner of the decedent. If deceased, list their approximate date of death:

Spouse or Partner's name	Date of Death

Additional spouses/ partners are listed in attachment D.

Children of Deceased Spouse/ Partner

E. If any spouse or registered domestic partner of the deceased is deceased, list all children the deceased spouse or registered domestic partner ever had, whether adopted or biological. If deceased, list their approximate date of death:

Name of child of Deceased Spouse or Partner	Date of Death

Additional children of a deceased spouse or partner are listed in attachment E.

Siblings

F. If the decedent had no child or spouse and both parents are deceased, list all sisters or brothers the decedent ever had, whether adopted or biological. If deceased, list their approximate date of death:

Sibling's Name	Type of sibling (biological or adopted)	Date of Death

Additional siblings are listed in attachment F.

Children of Deceased Siblings

G. If any of the decedent's siblings listed above are deceased, list all children the deceased sibling ever had, whether adopted or biological. If deceased, list their approximate date of death:

Name of Child of Deceased Sibling	Date of Death

Additional children of deceased siblings are listed in attachment G.

IN THE MATTER OF:	CASE NUMBER:
-------------------	--------------

Wills

- H. Have you ever seen a will or any other writing that expresses the decedent's wishes as to how his or her property is to be distributed at death?
 No Yes (describe in attachment H).

- I. Have you ever heard from anyone, including the decedent, that the decedent created a will or any other writing that expresses the decedent's wishes as to how his or her property is to be distributed at death?
 No Yes (describe in attachment I).

I 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)

(TYPE OR PRINT NAME)

(SIGNATURE)