

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-PR063

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</small>		<small>FOR COURT USE ONLY</small>
TELEPHONE NO.: _____ FAX NO. (Optional): _____		CASE NUMBER: _____
E-MAIL ADDRESS (Optional): _____		
ATTORNEY FOR (Name): _____		
ESTATE OF: _____		Department: _____
Hearing Date: _____	Time: _____	
WILL CONTEST AND OBJECTION TO PROBATE		

A filing fee is due when this document is filed. A Summons (Form DE-125) should be completed and presented to the clerk to be issued at the time this document is filed. The Summons must be personally served with a copy of this document on each heir of the decedent and each devisee, executor, and alternative executor named in any will being offered for probate, regardless of whether the devise or appointment is purportedly revoked in a subsequent instrument. A Petition for Probate (Form DE-111) should also be filed requesting letters of administration or probate of a prior will.

1. My name is (name): _____ .
2. a. I am an heir of the decedent due to my relationship as a child grandchild
 spouse/registered domestic partner parent sibling
 other (describe): _____
- b. I am a beneficiary of a prior will or codicil of the decedent.
3. a. On (date): _____ a petition for probate of will was filed by (name): _____ .
- b. The petition has not yet been granted.
 Or
 The petition was granted on (date): _____ . I first obtained knowledge of the will on (date): _____ .
4. I request that probate of the will be denied or revoked for the following reasons:

Check here if you need more space. Continue to explain on the attachment page (RI-PR063A) and attach it to this page.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

ESTATE OF:	CASE NUMBER:
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(WILL CONTEST AND OBJECTION TO PROBATE)

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 OF CONTESTANT)

(SIGNATURE OF CONTESTANT)