

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

- PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262       **TEMECULA** 41002 County Center Dr., #100, Temecula, CA 92591  
 **RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR054**

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>          <p style="text-align: center;">CASE NUMBER: _____</p>
<p><b>NOTICE TO PUBLIC ENTITIES</b> <b>Probate Code §§ 9200-9201, 19201 – Government Code § 811.2</b></p>	

1. You are hereby given notice of death of the following person:
  - a. Decedent's Name: \_\_\_\_\_
  - b. Date of Death: \_\_\_\_\_
  
2. The party providing you with this notice is as follows:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Telephone: \_\_\_\_\_
  - d. Capacity:     Estate Attorney,     Personal Representative,     Trustee
  
3. A case has been opened for claims to be filed under Probate Code § 9201 or 19201 as follows:
  - a. Case Name: \_\_\_\_\_
  - b. Case Number: \_\_\_\_\_
  - c. SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside  
  
STREET ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY AND ZIP CODE: \_\_\_\_\_  
BRANCH NAME: \_\_\_\_\_
  
4. If you have a claim against the above-mentioned estate(s), please forward documentation to the address indicated in item 2 above.

Date: \_\_\_\_\_ (SIGNATURE OF PARTY PROVIDING NOTICE) \_\_\_\_\_

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

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and am not a party in this cause. I am a resident of or employed in the county where the mailing occurred.

2. My (the servers) home or business address is : \_\_\_\_\_  
(STREET ADDRESS)  
 \_\_\_\_\_  
(CITY, STATE, ZIP)

3. I served the forgoing Notice to Public Entities by enclosing a copy in an envelope addressed to:

Employment Development Department  
 Post Office Box 826880  
 Sacramento, CA 94280-0001

State Board of Equalization  
 Post Office Box 942879  
 Sacramento, CA 94279-0001

and depositing the sealed envelope with the United State Postal Service with the postage fully prepaid.

4. Date mailed: \_\_\_\_\_ Place mailed (city,state): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_  
(SIGNATURE OF DECLARANT)