ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	TELEPHONE AND FAX NOS.:	***FOR COURT USE ONLY***
ATTORNEY FOR *(Name)*:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF *(Name)*: DECEDENT		
LETTERS ☐ **TESTAMENTARY** ☐ **OF ADMINISTRATION** ☐ **OF ADMINISTRATION WITH WILL ANNEXED** ☐ **SPECIAL ADMINISTRATION**		CASE NUMBER:

LETTERS

1. ☐ The last will of the decedent named above having been proved, the court appoints *(name)*:
   a. ☐ executor.
   b. ☐ administrator with will annexed.
2. ☐ The court appoints *(name)*:
   a. ☐ administrator of the decedent's estate.
   b. ☐ special administrator of decedent's estate
      (1) ☐ with the special powers specified in the *Order for Probate*.
      (2) ☐ with the powers of a general administrator.
      (3) ☐ letters will expire on *(date)*:
3. ☐ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☐ **with full authority** ☐ **with limited authority** (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)	Date: Clerk, by (DEPUTY)

AFFIRMATION

1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. ☐ INDIVIDUAL: **I solemnly affirm** that I will perform the duties of personal representative according to law.
3. ☐ INSTITUTIONAL FIDUCIARY *(name)*:
   I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
   (Name and title):
4. Executed on *(date)*:
   at *(place)*: , California.

▶ _____
(SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)	Date: Clerk, by (DEPUTY)