ATTO	RNEY OR PARTY WITHOUT ATTO	RNEY (Name, State Bar Number and	l Address)	FOR COURT USE ONLY		
TELEPHONE NO.:						
E-MAIL ADDRESS (Optional):			FAX NO. (Optional):			
	ATTORNEY FOR (Name):					
SUF	PERIOR COURT OF CA	LIFORNIA, COUNTY OF	SAN LUIS OBISPO			
STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: Same as above CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME: San Luis Obispo Division						
ES	STATE OF:			CASE NUMBER:		
Hearing Date:		Time:		Department:		
			F STATUS OF ADMINISTF pate Code § 12200 et seq.	_		
	001447101170717	DEDOOMAL DEDDEO				
Rep YO	oort using form DE-120), and must include the TO PETITION FOR AN	ENTATIVE OF THE ESTATE: Ye following statement in no less to a ACCOUNT UNDER SECTION	ou must give notice of this Status han 10 point boldface type: 10950 OF THE CALIFORNIA		
	Petitioner (name): Estate of:			, as Personal Representative of the alleges:		
1.	Decedent (name):			died 🗌 testate 🔲 intestate on		
	date:	_ in (place of death):	, being a resident of the		
	County of San Luis	S Obispo, State of Ca	alifornia, at the time of his or h	ner death.		
2.	Decedents will date	ed:	and codicil(s) dated:	was/were		
admitted to probate by order of this court on (date petition was granted):						
	Petitioner qualified as personal representative and letters were issued to Petitioner on					
	At all times since then, Petitioner has been and now is the duly qualified personal representative of					
	Decedent's estate.					

EST	TATE OF:	CASE NUMBER:				
3.	A brief status of the administration of the estate is as follows:					
4.	The estate is not in a condition to close for the following reason(s):					
5.	The estimated time it will take to close administration of the estate is:					
6.	This is the (number) status report filed for this estate.					
THE	EREFORE, Petitioner prays for					
	7. An order from this court granting an extension of time of administration of the estate.	to close				
	8. Such further orders as the court may deem just and proper.					
Date:						
	(TYPE OR PRINT NAME OF ATTORNEY) (S	SIGNATURE OF ATTORNEY)				
I de	eclare under penalty of perjury that the foregoing is true and correct.					
	(TYPE OR PRINT NAME OF PETITIONER)	(SIGNATURE OF PETITIONER)				
	(TYPE OR PRINT NAME OF PETITIONER)	(SIGNATURE OF PETITIONER)				

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