

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address): TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 DIVISION: Probate Division	
(Please Check One:) <input type="checkbox"/> CONSERVATORSHIP OF (name): _____ <input type="checkbox"/> TRUST OF (name): _____ <input type="checkbox"/> ESTATE OF (name): _____ <input type="checkbox"/> GUARDIANSHIP OF (name): _____ <input type="checkbox"/> OTHER (name): _____	
OBJECTION	CASE NUMBER: _____

I, (my name): _____, declare:

I am a (check one): Trustee Beneficiary Heir Conservator

Other: _____

I object to _____

filed by (name): _____

for the following reasons: _____

Check here if you need more space. Continue to explain on a separate piece of paper and attach it to this page.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct of my own knowledge.

Today's date

Print your name here

Sign your name here

	CASE NUMBER:
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PROOF OF SERVICE

1. I am over age 18 and am not a party in this case. I live or work in the county where the mailing occurred.

2. **My (the server's) home or business address is:** _____
STREET ADDRESS
_____ CITY, STATE, ZIP

3. I served the Objection to _____ on each person named below by putting a copy in a sealed envelope addressed as shown below AND
 - depositing** the envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.

 - placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. **Date mailed:** _____ **Place mailed (city, state):** _____

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct of my own knowledge.

_____ _____ _____
Date Signed **Server Prints His/Her Name Here** **Server Signs His/Her Name Here**

I Mailed this Objection to the Following People:

Names of People Served:

Name: _____

Name: _____

Name: _____

Name: _____

Addresses of People Served:

Mailing Address: _____
 City, State, Zip Code: _____

Mailing Address: _____
 City, State, Zip Code: _____

Mailing Address: _____
 City, State, Zip Code: _____

Mailing Address: _____
 City, State, Zip Code: _____

Additional people are listed on an attachment