

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS):		<i>FOR COURT USE ONLY</i>
EMAIL ADDRESS (Optional):	TELEPHONE NO.:	
ATTORNEY FOR (NAME):	FAX NO. (Optional):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b>		
STREET ADDRESS:		<i>FOR COURT USE ONLY</i>
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
ESTATE OF:		
HEARING DATE:	TIME:	DEPARTMENT:
<b>ORDER ON REPORT ON STATUS OF ADMINISTRATION</b> (Probate Code § 12200 et seq.)		CASE NUMBER:

The status report filed by Petitioner (name): \_\_\_\_\_  
as personal representative of the estate of \_\_\_\_\_  
was heard on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ dept: \_\_\_\_\_  
of the above entitled court before the Honorable: \_\_\_\_\_

The court allows the estate administration to continue for a period of \_\_\_\_\_

A review hearing regarding further status report or accounting is scheduled as follows:  
(Please leave this blank. This will be completed by the Court):

Date: \_\_\_\_\_ Time: 8:30 a.m. in Dept. \_\_\_\_\_

The personal representative is ordered to timely serve and file another Report of Status Administration in advance of that date, unless a Petition for Final Distribution has been filed and served.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of the Superior Court