

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO</b>		
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		
<input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship  <input type="checkbox"/> Estate <input type="checkbox"/> Trust		CASE NUMBER:
Date:	Time:	Dept:
<b>OBJECTION (Probate)</b>		

I, (*my name*) \_\_\_\_\_, declare:

I am a (check one)  Conservatee     Beneficiary     Heir     Parent of Minor

Other: \_\_\_\_\_.

I object to: \_\_\_\_\_

\_\_\_\_\_

filed by (name): \_\_\_\_\_

for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued on next page)

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Insert case name:

CASE NUMBER

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

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

Executed on (date) \_\_\_\_\_, at (city) \_\_\_\_\_, California.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

Insert case name:	CASE NUMBER
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**PROOF OF SERVICE**

**Instructions to objector**  
 A person over 18 years of age must serve a copy of this Objection by mail and complete this proof of service. You cannot serve documents if you are a party to the action.

1. I am over the age of 18 and am not a party to this case. I live or work in the county where the mailing occurred.
2. My (the servers) home or business address is as follows:

3. I served the Objection on each person named below by putting a copy in a sealed envelope addressed as shown below AND

Depositing the envelope in the United States Postal Service on the date and at the place shown in item 4 with postage fully prepaid.

Placing the envelope for collection and mailing on the date and at the place shown in item 4 following 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 place 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 under the laws of the State of California that the information above is true and correct.

\_\_\_\_\_ (Date signed)                      \_\_\_\_\_ (Type or Print Name)                      \_\_\_\_\_ (Signature)

Name and address of each person two whom notice was mailed	
Name	Address

Additional people are listed on attachment.