ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*	*FOR COURT USE ONLY*
TELEPHONE NO: FAX NO: ATTORNEY FOR *(NAME):*	
SUPERIOR COURT OF CALIFORNIA **COUNTY OF YUBA** **215 FIFTH STREET, SUITE 200** **MARYSVILLE, CA 95901** **(530) 749-7600**	
IN THE MATTER OF THE PETITION OF: TO ESTABLISH THE FACT OF DEATH OF:	
NOTICE OF HEARING RE PETITION TO ESTABLISH FACT OF DEATH [H&S § 103450]	CASE NUMBER:

YOU ARE HEREBY NOTIFIED that a hearing in the above-entitled case has been scheduled in this Court as follows:

DATE:	TIME:	DEPARTMENT:
LOCATION: Yuba County Courthouse, 215 Fifth Street, Marysville, CA 95901		

Dated:

H. Stephen Konishi
Clerk of the Superior Court

By: _____
Court Clerk

CERTIFICATE OF SERVICE BY MAIL
[CCP §1013a(4)]

I hereby certify that I am employed by Yuba County Superior Court. My business address is 215 Fifth Street, Suite 200 Marysville, California 95901. I am over 18 years of age and not a party to this cause.

I further certify that on this date, I placed this document in an envelope, sealed the envelope, and placed it in the central mail depository for collection and processing by the County of Yuba for delivery to the U.S. Postal Service, addressed as follows:

Dated:

H. Stephen Konishi
Clerk of the Superior Court

By: _____
Court Clerk