NAME, ADDRESS	NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER		FOR COURT USE ONLY	
TELEPHONE NO				
E-MAIL ADDRES				
ATTORNEY FOR	R COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE	•			
ESTATE OF:				
		CASE NUMBER:		
SUPPLE	MENT TO PETITION FOR PROBATE RE HEIRS AND NEXT OF KIN			
(Items 6 and 8 of Petition for Probate)		HEARING DATE:		
		DEPT.:	TIME:	
		-L	1	
Petitioner,, hereby supplements her/his response to item 6				
	(Name)			
of his	her Petition for Probate filed herein as follows:			
	Check the box of the <u>first</u> numbered statement that applies:			
1.	□ Decedent was survived by one or more parents.			
2.	☐ Both of decedent's parents are deceased, but decedent was survived nieces, nephews, or other issue of the decedent's deceased parents.	red by brothers, sisters,		
3.	□ Decedent was not survived by any of the persons listed in 1 or 2 ab	ove, but was sur	vived	
	by grandparents, aunts, uncles, or cousins.			
4.	Decedent was not survived by any of the persons listed in 1, 2, or 3 above, but was ved by next of kin.			
5.				
	survived by children or grandchildren of a predeceased spouse.			
6.	Decedent was not survived by any of the persons listed in 1 through 5 above, but was survived by parents of a predeceased spouse or their issue.			
7.	7. Decedent was not survived by any known next of kin, nor next of kin of a predeceased spouse.			

The names, ages, addresses, and relationship to dec checked above are listed:	edent of all of the persons referred to in the boxes			
 □ in item 8 of the petition. □ in an attachment to this supplement 	nt.			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own personal knowledge, except as to matters stated on information and belief, and as to those matters I believe them to be true.				
Dated:	(Signature)			
	Petitioner (Typed or Printed Name)			