NAME, ADDRESS	. AND TELEPHONE NUMB	ER OF ATTORNEY OR PA	ARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	FOR COURT USE ONL
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
TELEPHONE NO.:					
E-MAIL ADDRESS (Optional):					
SUPERIO	(Name): R COURT OF (CALIFORNIA	COUNTY OF LOS	S ANGELES	
COURTHOUSE	ADDRESS:	OALII ORTINA,	0001111 01 201	AITOLLLO	
MATTER OF:					
□ DECEDENT	□ C	ONSERVATEE	□ MINOR	□ TRUST/OTHER	
WAIVER OF ACCOUNT					CASE NUMBER:
	The undersign	ned hereby wai	ves the filing and	settlement of a final	account by:
	(Name and Title)				
	Executed at _			on	
		(City and State)			(Date)
	(Signature) (Print Name)				