				500.000	
NAME, ADDRESS, AND TELEPH	HONE NUMBER OF ATTORNEY OR PARTY	WITHOUT ATTORNEY:	STATE BAR NUMBER	FOR COUL	RT USE ONLY
				_	
TELEPHONE NO .:					
E-MAIL ADDRESS (Optional):					
ATTORNEY FOR (Name):					
SUPERIOR COUR					
COURTHOUSE ADDRESS:					
MATTER OF:					
	CONSERVATEE		□ TRUST/OTHER		
				CASE NUMBER:	
	HEARING DATE:				
				DEPT:	TIME:

The undersigned hereby waives notice of the hearing on the petition for:

	(Title of Petition)						
filed herein by:							
(Name of Petitioner)							
and scheduled to be he	eard by this court on						
		(Date)					
at(Time)	in Department						
(Time)							
F (1)							
Executed at	(City and State)		On(Date)				
		(Signature)					
		(Typed or Printed Nar	me)				