

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: 	STATE BAR NUMBER 	FOR COURT USE ONLY	
TELEPHONE NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS: _____ 			
MATTER OF: ☐ DECEDENT ☐ CONSERVATEE ☐ MINOR ☐ TRUST/OTHER			
WAIVER OF NOTICE		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 heard by this court on _____ (Date)

at _____ in Department _____.
(Time)

Executed at _____ on _____
(City and State) (Date)

(Signature)

(Typed or Printed Name)

Waiver of Notice