

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: _____					
ESTATE OF: _____					
SUPPLEMENT TO PETITION FOR PROBATE RE ISSUE (Items 5a(5) through 5a(8), 5b, and 8 of Petition for Probate)				CASE NUMBER:	
				HEARING DATE:	
				DEPT.:	TIME:

Petitioner, _____, hereby supplements her/his response to item 5
 (Name)
 of his/her Petition for Probate filed herein on _____ as follows:
 (Date)

For item 1 below, check all boxes that apply:

- ☐ Decedent was survived by one or more natural or adopted children.
☐ Decedent was survived by one or more natural children who were adopted by a third party.
☐ Decedent was not survived by any children.

For each numbered group below, check the box of the first statement that applies:

- ☐ Decedent was survived by issue (children, grandchildren, etc.) of a predeceased child.
☐ Decedent **was not** survived by issue (children, grandchildren, etc.) of a predeceased child.
- ☐ Decedent was survived by a stepchild or foster child who would have been adopted by the decedent but for a legal barrier.
☐ Decedent **was not** survived by a stepchild or foster child who would have been adopted by the decedent but for a legal barrier.

The names, ages, and addresses of all the persons referred to in the boxes checked above are listed:

- ☐ in item 8 of the petition.
☐ in an attachment to this supplement.

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)