

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 SPOUSE OR DOMESTIC PARTNER (Items 5a(1) through 5a(4) and Item 8 of Petition for Probate)			CASE NUMBER:	
			HEARING DATE:	
			DEPT.:	TIME:

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

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

1. ☐ Decedent was survived by a spouse who is still living.
☐ Decedent was survived by a spouse, who died after the decedent's date of death.
2. ☐ Decedent was divorced at the time of his/her death.
☐ Decedent was never married.
☐ Decedent's was widowed at the time of his/her death.
3. ☐ Decedent had a registered domestic partner at the time of his/her death.
☐ Decedent **did not** have a registered domestic partner at the time of his/her death.

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)