ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):	FOR COURT USE ONLY
TELEPHONE NO: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 315 W. ELM STREET	
MAILING ADDRESS: 315 W. ELIM STREET	
CITY AND ZIP CODE: LODI, CA 95240	
BRANCH OF NAME: LODI	
IN THE MATTER OF (Case Name):	CASE NUMBER:
FINANCIAL DOCUMENT(S) COVER SHEET	
Probate Code § 2620(c), Local Rule 4-121	
NOTICE TO PETITIONER: Documents must be LOOSELY BOUND, not stapled.	
, and the same and	
1. Personal Representative, Conservator, Guardian, or Trustee providing the attached documents:	
N	N. 1
Name: Telephone	e Number:
Address:	
2. Number of pages, including this cover sheet, being submitted:	
3. Each attached document is (complete a, b, or c):	
(Use a separate cover sheet if lodging multiple types of documents (i.e. printed originals, electronic originals, or copies.)	
a. A printed original. I received each attached document in printed form from the issuer (court, county	
recorder's office, escrow company, payor, institution, financial inst	itution, etc.), and have provided the
original document without alteration.	
b. An electronic original. I received each attached document in electronic form from the issuer (court, county	
recorder's office, escrow company, payor, institution, financial inst	•
original document without alteration.	
•	
C. A photo copy. If submitting a copy of any document other than a deed or a check, a declaration must be filed	
concurrently with this cover sheet per Local Rule 4-121B.	
4. I have submitted this document with \square a self-addressed envelope with postage for the court to return the documents by	
mail to the address indicated in the header of this document a pick-up slip for petitioner or attorney service.	
I declare under penalty of perjury that the documents lodged with this cover sheet are the originals or copies as noted above.	
Date:	
	ATIVE, CONSERVATOR, GUARDIAN, or TRUSTEE)