

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, SAN FRANCISCO COUNTY</b>		
COURT NAME: <b>SAN FRANCISCO SUPERIOR COURT</b>		
MAILING ADDRESS: <b>400 McAllister St. – Room 103</b>		
CITY AND ZIP CODE: <b>San Francisco, CA 94102-4512</b>		
ESTATE OF (NAME):	DATE OF DEATH:	
<b>DECEDENT</b>		
<b>DECLARATION OF REAL PROPERTY (Probate)</b>	CASE NUMBER:	

Please complete this form by checking the appropriate statement below and signing at the place indicated.

YES, Decedent owned Real Property within the City and County of San Francisco. *(Please fill in the following information)*

Property Address / Assessor's Parcel Number	Decedent's Ownership Percentage	Beneficiaries / Relationship to Deceased / Percentage of Ownership (Attach additional sheet if necessary)

NO, Decedent did not own Real Property within the City and County of San Francisco.

\_\_\_\_\_  
ATTORNEY OR PARTY SIGNATURE

\_\_\_\_\_  
CONTACT NUMBER

If you have any questions about completing this form, please call the Office of the Assessor at (415) 554-5596.

**DECLARATION OF PROPERTY**