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| NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | |
| TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO | | |
| COURTHOUSE ADDRESS: | | |
| IN THE MATTER OF: | | |
| NOTICE OF COMMENCEMENT OF PROCEEDINGS FOR A COURT SUPERVISED TRUST | | CASE NUMBER: |
| | | NO HEARING REQUIRED |

1. The name of the subject trust is: _____

2. The trustee(s) of the subject trust is (are): _____

3. The subject trust was (check one):
 - created/funded by court order dated _____ under case number _____
 - brought under court supervision by court order dated _____ under case number _____
4. Attached as **Exhibit A** is (check one):
 - A copy of the court order establishing the trust (with attached Trust)
 - An executed copy of the trust instrument.
5. Check the first box that applies:
 - An original bond or conformed copy of the bond filed under case number _____ is attached as **Exhibit B**.
 - No bond has been previously ordered.

Notice of Commencement of Proceedings for a Court Supervised Trust

6. Check the first box that applies:

- The trustee's first account was ordered to be filed not later than _____
- The trustee has not previously been ordered to file an accounting.

Dated: _____

(Signature)

Trustee

(Typed or Printed Name)

(Signature)

Trustee

(Typed or Printed Name)

(Name of Attorney or Law Firm)

By: Attorney for Trustee (Signature)

VERIFICATION

I, _____, declare as follows:
(Name)

1. I have read the foregoing and I certify that the same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe them to be true.

2. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 2____, at _____
(City and State)

(Signature)

Notice of Commencement of Proceedings for a Court Supervised Trust