

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address): TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Downtown Courthouse - Probate Division	
IN RE (Name of trust): _____	
PETITION TO REMOVE TRUSTEE	CASE NUMBER: _____

I, (my name) _____, declare:

I am a: Beneficiary Settlor Other: _____

I am petitioning to remove (name) _____ as trustee

of the estate of the (name of trust) _____ for the

following reasons:

Check here if you need more space. Continue to explain on a separate piece of paper and attach it to this page.

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

Today's date

Print your name here

Sign your name here