

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ TRP _____

In re:

An Adult

NOTICE OF DEATH OF TRUST BENEFICIARY

The Clerk of this Court will please be advised that _____
_____ died on _____,
20____.

Signature

Typed Name

Title: guardian/conservator/attorney

Address (Actual address/not Post Office Box)

Telephone number

E-mail address (optional)

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature

Attach an additional sheet of paper if necessary. An example is given.)