

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ ADM _____
_____ INT _____
_____ IDD _____
_____ SEB _____
_____ GDN _____
_____ TRP _____
_____ CON _____
_____ FEP _____

Estate of

Minor/Ward/Deceased

PRAECIPE – CHANGE OF ADDRESS

The Register of Wills will please note the following change of address effective immediately:

Name of interested person

New mailing address including zip code

Telephone number

Respectfully submitted,

Signature of filer

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, a copy of the foregoing was served by first class mail, postage prepaid, to the following interested persons (list names and addresses of all interested persons):

Signature