

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

Signature

Typed name

Address (actual address/not Post Office Box)

Telephone number

Email address

Bar number (if filer is an attorney)

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