ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and	telephone #):		FOR COURT USE ONLY
STATE BAR NO: ATTORNEY FOR (Name):			
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988			
San Rafael, CA 94913-4988 CONSERVATORSHIP OF:			
SCHELIVATORISHIN GT.			
ORDER FOR TRANSFER OF \	VENUE		CASE NUMBER:
IT IS ORDERED that for good cause show	wn the court	transfer	s the above titled action
forthwith to the Superior Court of California			
Transfer fees payable to the Marin County	y Superior Co	ourt are	nereby waived.
Transfer fees Payable to the	County Sup	erior Co	urt are <u>not</u> waived.
The Conservator is to submit either (1) fee	es payable to	the	County Superior
Court, or (2) a fee waiver application for the	he	Cour	nty Superior Court to the Marin
County Superior Court not later than			
If not submitted by that date, an appearar in Dept. J of the Marin County Superior C		quired oi	at at
All future court dates will occur in	County	y therea	iter.
DATE JUD	ICIAL OFFICE	R OF THI	E SUPERIOR COURT