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<pre>stree: Access at 1856 (v); St., Ste. 201 griv: Muries with with St., Ste. 201 griv: Muries with with Street sumandar@lock-law com ant/owner: donathan Kolassa SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino SIN BESTARCINO DISTRICT Water Access 247 West Third Street making access making access access</pre>					E 1 1	6 6
cmr. Murrieta state: CA _ the code: 92562 COUNTY OF SAN DERNARCON And Address and and Billock-law com Fraction 0: 92562 SAN DERNARCON SAN DERNARCON ATTORNEY FOR Lawred Jonathan Kolassa DEC. 20 2022 DUPERIOR COUNT OF CALLFORMAL, COUNTY OF San Bernardino STRET Address 707 (tawn) DEC. 20 2022 DUPERIOR COUNT OF CALLFORMAL, COUNTY OF San Bernardino STRET Address 707 (tawn) DECEDENT DESTATE OF (name): Estimation (CA 92415 DECEDENT BarMORTHME Superior Count of Californis, San Bernardino City - Probate Division DESTATE OF (name): Decedent ESTATE OF (name): Extense of Special Administration with general powers DECEDENT Code Houmers Authorization to Administration with limited authority Code Houmers Decedent's will and codicks, if any, be admitted to probate. Decedent's will and codicks, if any, be admitted to probate. Decedent's will and codicks, if any, be admitted to probate. Decedent's will and codicks, if any, be admitted to probate. Decedent Administration of Estates Act. (1) Social administrator with general powers and Letters issue upon qualification Despointed (2) administrator with general powers and Letters issue upon qualification Dester with and issue administration of					SUPERIOR COUR	
TELEPHONE NO: 951-823-8715 SAN BE: SNARDINO DISTRICT SAN BE: SNARDINO DISTRICT SAN BE: SNARDINO DISTRICT SAN BE: SNARDINO COURT OF CALIFORNIA, COUNTY OF San Bernardino SAN BE: SNARDINO DISTRICT STREM ADRESS: 247 West Third Street San Bernardino City - Probate Division ESTATE OF (name) Sone Bernardino, CA 92415 BENACHIMME: Superior Court of California, San Bernardino City - Probate Division ESTATE OF (name) ESTATE OF (name) EDNA M KOLASSA PETITION FOR Probate of Lost Will annexed Will and for Letters Testamentary With Will Annexed Will annexed MUMER Authorization of Administration Etters of Special Administration with limited authority 1 Publication requested. b Publication requested. b Publication requested. b (name): Jonathan Kolassa requests that a a decodent's will and codicis, if any, be admitted to probate. b (name): Jonathan Kolassa total purposes and is subject to CCP 170.6(2) requests that a a decodent'will annexed <td< td=""><td></td><td></td><td></td><td>CA ZIP CODE 92562</td><td>COUNTY OF SA</td><td>N BERNARDIN</td></td<>				CA ZIP CODE 92562	COUNTY OF SA	N BERNARDIN
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Cirr Mar 2000: San Bernardino, CA 92415 BRANCHAME Superior Court of California, San Bernardino Cty - Probate Division ESTATE OF (name): EDNA M. KOLASSA DECEDENT PETITION FOR Probate ofLost Will and for Letters Testamentary Porbate ofLost Will and for Letters of Administration	E-MAIL AD	DDRESS: amanda@lock-law.com	I		050 0	
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with Will Annexed	FEIIII			•	CASE NUMBER:	n@8226+
X Letters of Administration with general powers Authorization to Administration with limited authority HEARING DATE AND TIME: 01/24/2023 9am 5 1 Publication will be in (specify name of newspaper): √ a B 01/24/2023 9am 5 2 Publication requested. b X Publication to be arranged. NOTICE: This Case is assigned to Dept 53.0 2. Petitioner (name each): Jonathan Kolassa for all purposes and is subject to CCP 170.6(2) requests that a. decedent's will and codicits, if any, be admitted to probate. be appointed 11 executor be administrator with general powers and is subject to CCP 170.6(2) requests that a. decedent's will and codicits, if any, be admitted to probate. be appointed (1) executor with general powers and Letters issue upon qualification. be administrator (2) administrator with general powers and Letters issue upon qualification. be granted to administer under the Independent Administration of Estates Act. (3) X administrator with general powers and Letters issue upon qualification.				d for Letters of Administration	5 8%. 	and an an an an ar a
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/ c. Street address, city, and county of decedent's residence at time of death (specify):						
C. Street address, city, and <u>county</u> of decedent's residence at time of death (<i>specify</i>): 9906 Cypress Avenue, Fontana CA 92235 San Bernardino County	b.	Decedent was a citizen o	of a country other t	han the United States (specify cou	untry):	
✓ 9906 Cypress Avenue, Fontana CA 92235 San Bernardino County	/ c.		•			
	√	9906 Cypress Avenue, Fontan	a CA 92235 San Be	ernardino County		

PETITION FOR PROBATE (Probate-Decedents Estates)

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		NY CARACTERING			
					C
EST		(патө):	EDNA M. KOLA	CASE NUMBER:	······································
		(name).	DECED		nnob7364772
3, d.	Chara	icter and estimated value of the prope	arty of the estate (complete in a		
		ersonal property:	\$0	,	
	(2) A	nnual gross income from			
	(a	a) real property:	\$0		
	(1	 personal property; 	\$0		
	(3) 5	ubtotal (add (1) and (2)):	\$0		
		Bross fair market value of real property:	\$ 495,000	•	
		Less) Encumbrances:	(\$21,066.78)	
	•	let value of real property:	\$ 473,933.22	.'	
	• •	otal (add (3) and (6)):	•	\$ 473,9	33 22
e.			al administrator is the named ex		
	(2)	All beneficiaries are adults and hav 3e(2).)			
	· · · _	x All heirs at law are adults and have	waived bond. (Affix waiver as Ai	ttachment 3e(3).)	
_	(4)	Sole personal representative is a co	prporate fiduciary or an exempt g	overnment agency	
f.	(1) [(2) [Decedent died intestate. Copy of decedent's will dated:	codicil dat	ed (specify	for each):
	(3)	are affixed as Attachment 3f(2). (<i>In language documents.</i>) [] The will and all codicils are se	elf-proving (Prob. Code, § 8220).		-
		statement of the testamentary word why the presumption in Prob. Code	a, § 6124 does not apply.)	ont 3f(3), and state	reasons in that attachm
g.		intment of personal representative (cl ppointment of executor or administrator	with will annexed:		
			s executor in the will and conser	its to act.	
	1) ((No executor is named in the within the matching of the second representation of the second	ili. tive is a nominee of a person ent	itled to Letters.	
	((Affix nomination as Attachmei			
	(0	d) Other named executors will no	t act because of death	declination	1
	(2) ^	Continued in Attac	chment 3g(1)(d).		
			o Letters. (If necessary, explain ,	priority in Attachme	nt 3g(2)(a).)
			rson entitled to Letters. (Affix no		
	(0	c) x Petitioner is related to the dece	edent as (specify): Son		
	(3)	Appointment of special administrate			ers in Attachment 3g(3).
ş	(4) [Proposed personal representative	would be a successor personal r	epresentative.	
n	Propo (1)	bsed personal representative is a			
	(2) [nonresident of California (specify p	ermanent address):		
	(3)	x resident of the United States.			
	(4)	nonresident of the United States.			

n: Samuel Lockhart	Fax: 18666398199	To:	Fax: (909) 521-3387	Page: 5 of 15	12/20/2022 11:38 AM
					DE 414
ESTATE OF	(name):		EDNA M. KOLASSA DECEDENT	SE NUMBER SERVICE	DE-111
5. a. Dece (1) [(2) [(4) [(5) [(6) [(7) [(8) [b. Dece	dent was survived by spouse. x no spouse as fol (a) divorced or n (b) x spouse dece registered dome x child as follows: (a) x natural or ac (b) natural adop no child. issue of a predec x no issue of a pre	(check items (1) or plows: hever married, eased, stic partner, mestic partner, (See lopted, bited by a third party ceased child, deceased child, x was not surv	ition of this estate under the Independer (2), and (3) or (4), and (5) or (6), and (7, a Fam. Code, § 297.5(c); Prob. Code, §§) or (8)) \$ 37(b), 6401(c), and	1 6402.)
6. <i>(Comple.spouse, spouse, a.</i>	te if decedent was sur registered domestic pa Decedent was survive Decedent was survive	vived by (1) a spous artner, or issue. (Chi ad by a parent or pa ad by issue of decea ad by a grandparent ad by issue of grand ad by issue of a pre ad by next of kin, all ad by parents of a p m 8.	e or registered domestic partner but no eck the first box that applies): irrents who are listed in item 8. ased parents, all of whom are listed in ite tor grandparents who are listed in item 8 deceased spouse, all of whom are listed of whom are listed in item 8. redeceased spouse or issue of those par	em 8. 8. I in item 8.	
a b (1) [(2) [((((died not more the passed to deced a) Decedent weight b) Decedent weight c) Decedent weight d) Decedent weight 	issue survived dece deceased spouse. eceased spouse wh an 15 years before ent, (<i>If you checked</i> as survived by issue as survived by a pai as survived by next as survived by next	ədənt.)	operty valued at \$1 applies): are listed in item 8. ise who are listed in a, all of whom are lis isted in item 8.	0,000 or more that item 8. ted in item 8.
	· -		ps to decedent, ages, and addresses, so ioned in decedent's will or any codicil, w		

trustee and personal representative are the same person.

named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the

ESTATE OF (name):		EDNA M. KOLASSA	SE NUMBER:	
		DECEDENT	PRASEZZ	01736
8. Name and relationship to decedent	Age		Address	
Jonathan Kolassa 🗸 Son	47	9906 Cypress Avenue		5
Steven Kolassa 🗸 Son	52	9906 Cypress Avenue	a, Fontana CA 9223	5
•				
			,	
· · · ·				
المراجع والمعجوبين				
Continued on Attachment 8.				
9. Number of pages attached: 3		<u> </u>	Λ	
Date: 12-12-22		() M I I		
Samuel G. Lockhart			PAN/	
(TYPE OR PRINT NAME OF ATTORNEY)			SIGNATORE OF ATTORNEY	
 * (Signatures of all petitioners are also required. All petitioners must sign, but the pe i declare under penalty of perjury under the laws of the S 			1	ourt, rule 7.103).)
Date: 2-12-22		1	4-	
Jonathan Kolassa			l -	
(TYPE OR PRINT NAME OF PETITIONER)			SIGNATURE OF PETITIONE	R)
(TYPE OR PRINT NAME OF PETITIONER)		/	SIGNATURE OF PETITIONE	र)
Signatures of additional petitioners follow last attack	nment.			

....

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ATTACHMENT 3 e(3)

From: Samuel Lockhart	Fax: 18666398199	To:
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DE	.1	42/	D	E-1	11	(A-3	e)

ATTORNEY OR PARTY WITHOUT ATTORNEY.	STATE BAR NO	(1997), (1997)		
NAME: Samuel G. Lockhart [SBN 256152] & S	FOR COURT USE ONLY			
FIRM NAME. Lockhart Law Firm				
STREET ADDRESS: 41856 Ivy Street				
CITY Murrieta	STATE. CA	ZIP CODE 925	62	
TELEPHONE NO.: 951-461-8878	FAX NO			
E-MAIL ADDRESS: amanda@lock-law.com				
ATTORNEY FOR (name) Jonathan Kolassa				
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF San Bernardin	0		
STREET ADDRESS: 247 West Third Street			:	
MAILING ADDRESS: 247 West Third Street				
CITY AND ZIP CODE: San Bernardino, CA 92415				
BRANCH NAME. Superior Court of California,	San Bernardino Ct	y - Probate D	ivision	
ESTATE OF (Name):				N
Edna M. Kolassa			, DECEDENT	
WAIVER OF BOND BY	CASE NUMBER:			
Attachment 3e t	o Petition for Pro	bate*		Sonsoffication - Novigelau (Novigelau)

NOTICE: READ PARAGRAPHS A-G BEFORE YOU SIGN

- A. A bond is a form of insurance to replace assets that may be mismanaged or stolen by the executor or administrator (the estate's **personal representative**). The cost of the bond is paid from the assets of the estate.
- B. A bond may not be required if the decedent's will admitted to probate waives a bond and the court approves.
- C. If the decedent's will does not waive bond, or if the decedent died without a will, the law ordinarily requires the personal representative to give a bond approved and ordered by the court. However, all persons eligible to receive a share of the estate may waive the requirement of a bond. If they all waive bond and the court approves, the personal representative will NOT have to give a bond.
- D. If bond is not ordered by the court, and the estate suffers loss because the personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the personal representative. If so, your share of the estate may be partly or entirely lost.
- E. You may waive the requirement of a bond by signing this form and delivering it to the petitioner for appointment of a personal representative or to the petitioner's attorney. Your waiver cannot be withdrawn after the court appoints the personal representative without requiring a bond. However, if you sign a waiver of bond, you may later petition the court to require a bond.
- F. A guardian ad litem or other legal representative with specific authority under law to waive bond must sign for a minor, an incapacitated person, an unascertained beneficiary, or a designated class of persons who are not ascertained or not yet in being. See Judicial Council forms DE-350 and DE-351 and Probate Code section 1003.
- G. If you do not understand this form, do not sign it until you have asked a lawyer (who is independent of the lawyer for the proposed personal representative) to explain it to you.

WAIVER

- 1. I have read and understand paragraphs A through G above.
- 2. I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
- 3. I understand that I do not have to waive bond to allow the estate administration to begin or proceed, or to receive my share of the estate.
- 4. I WAIVE the posting of bond in this estate by (name of personal representative): Jonathan Kolassa

Date: 12/12/22

Steven Kolassa

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))

*(This form may be filed as an independent form (as form DE-142) OR as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)

Form Adopted for Mandatory Use Judicial Council of California DE-142/DE-111(A-3e) [Rev. July 1, 2017]

WAIVER OF BOND BY HEIR OR BENEFICIARY (Probate—Decedents Estates) Probate Code. § 3481 www.courts.ca.gov Page____ of _____

From: Samuel Lockhart	Fax: 18666398199	To:
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Fax: (909) 521-3387

DE-142/DE-111(A-3e)

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NO .			FOR COURT USE ONLY
NAME. Samuel G. Lockhart [SBN 256152] & S	leven C.J. Lockhar	t [SBN 326131]		, in cook use and
FIRM NAME: Lockhart Law Firm				
STREET ADDRESS: 41856 Ivy Street				
CITY: Murrieta	STATE CA	ZIP CODE: 92562		
TELEPHONE NO .: 951-461-8878	FAX NO.:			
E-MAIL ADDRESS amanda@lock-law.com				
ATTORNEY FOR (name) Jonathan Kolassa				
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF San Bernarding	D	· · · · · ·	
STREET ADDRESS: 247 West Third Street				
MAILING ADDRESS: 247 West Third Street				
CITY AND ZIP CODE: San Bernardino, CA 92415				
BRANCH NAME: Superior Court of California, S	San Bernardino Cty	y - Probate Divis	ion	
ESTATE OF (Name):				
Edna M. Kolassa		. Di	ECEDENT	
WAIVER OF BOND BY	HEIR OR BENEI	FICIARY		CASE NUMBER:
Attachment 3e to	Petition for Prot	bate*		TERNE GATORIAL

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- 4. I WAIVE the posting of bond in this estate by (name of personal representative): Jonathan Kolassa

Date: 12/12/22

Jonathan Kolassa

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER. IF BENEFICIARY IS NOT AN INDIVIDUAL))

(SIGNATURE)

*(This form may be filed as an independent form (as form DE-142) OR as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)

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