

ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NO.:	
NAME Salina Sanchez			
FIRM NAME:			
STREET ADDRESS: 4872 Olive Street			
CITY: Montclair		STATE: CA ZIP CODE: 91763	
TELEPHONE NO.: 909-600-9513		FAX NO.:	
E-MAIL ADDRESS:			
ATTORNEY FOR (name): In Pro Per			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino			
STREET ADDRESS: 247 W. Third Street			
MAILING ADDRESS:			
CITY AND ZIP CODE: San Bernardino, CA 92415			
BRANCH NAME:			
ESTATE OF (name): Steven Sanchez		DECEDENT	
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority		CASE NUMBER: PROSB2300296	
		HEARING DATE AND TIME: APR 25 2023 9AM	
		DEPT. S36	

1. Publication will be in (specify name of newspaper): TBD

- a. ☐ Publication requested.
- b. ☒ Publication to be arranged.

2. **Petitioner (name each):**
Salina Sanchez

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate. be appointed
- b. (name): Salina Sanchez
- (1) ☐ executor
- (2) ☐ administrator with will annexed
- (3) ☒ administrator
- (4) ☐ special administrator ☐ with general powers
- and Letters issue upon qualification.
- c. ☒ full ☐ limited authority be granted to administer under the Independent Administration of Estates Act.
- d. (1) ☒ bond not be required for the reasons stated in item 3e.
- (2) ☐ \$ bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code, § 8482.)
- (3) ☐ \$ in deposits in a blocked account be allowed. Receipts will be filed.
- (Specify institution and location):

3. a. Decedent died on *(date)*: 01/12/2018 at *(place)*: Montclair, San Bernardino County
 (1) ☒ a resident of the county named above.
 (2) ☐ a nonresident of California and left an estate in the county named above located at *(specify location permitting publication in the newspaper named in item 1)*:

- b. ☐ Decedent was a citizen of a country other than the United States (specify country):
- c. Street address, city, and county of decedent's residence at time of death (specify):
4872 Olive Street, Montclair, CA 91763, San Bernardino County

Michelle H. Gilleece 536
This Case is assigned to Dept
poses and is subject to CCP 170.6(2)

PETITION FOR PROBATE
(Probate—Decedents Estates)