

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):
 Donna Lee Sturgill Diaz SBN: 107844
 Hiroshima Daggett
 1200 Nevada Street, Suite 102
 Redlands, CA 92374

TELEPHONE AND FAX NOS.:
 T: (909) 845-2750
 F: (916) 929-7335

FOR COURT USE ONLY

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 DEC 07 2023

SUPERIOR COURT OF CALIFORNIA
 SAN BERNARDINO COUNTY

ATTORNEY FOR (Name): CESAR SANDOVAL

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

STREET ADDRESS: 17780 Arrow Blvd
 MAILING ADDRESS: SAME ABOVE
 CITY AND ZIP CODE: Fontana, CA 92335
 BRANCH NAME: Fontana District

ESTATE OF (Name):
 FRANCES SANDOVAL

DECEDENT

LETTERS

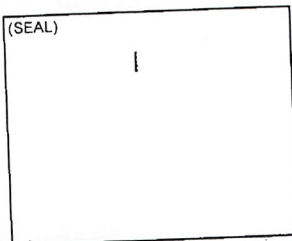
- ☐ TESTAMENTARY ☒ OF ADMINISTRATION
☐ OF ADMINISTRATION WITH WILL ANNEXED ☐ SPECIAL ADMINISTRATION

CASE NUMBER:
 PROVA2300084

LETTERS

- ☐ The last will of the decedent named above having been proved, the court appoints (name):
 - ☐ executor.
 - ☐ administrator with will annexed.
- ☒ The court appoints (name): CESAR SANDOVAL
 - ☒ administrator of the decedent's estate.
 - ☒ special administrator of decedent's estate
 - ☐ with the special powers specified in the Order for Probate.
 - ☐ with the powers of a general administrator.
 - ☐ letters will expire on (date):
- ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☐ with full authority ☒ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
- ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

WITNESS, clerk of the court, with seal of the court affixed.



Date:

Clerk, by

(DEPUTY)

AFFIRMATION

- ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
- ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
- ☐ INSTITUTIONAL FIDUCIARY (name):

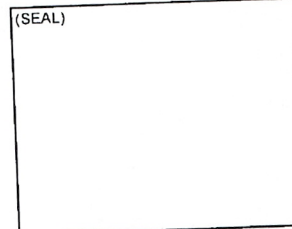
I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer. (Name and title):

- Executed on (date): ~~11/27/2023~~ 12/06/2023 at (place): Redlands, California.


 (SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.



Date:

Clerk, by

(DEPUTY)