

ATTORNEY OR PARTY WITHOUT ATTORNEY:

NAME: William E. Reimann

FIRM NAME:

STREET ADDRESS: 6121 Softwood Court

CITY: Citrus Heights

TELEPHONE NO: 916-899-7269

E-MAIL ADDRESS: c.reimannestate@gmail.com

ATTORNEY FOR (name): Self-Represented

SUPERIOR COURT OF CALIFORNIA, COUNTY

STREET ADDRESS: ~~247 West Third Street~~

MAILING ADDRESS:

CITY AND ZIP CODE: ~~San Bernardino, CA 92415~~

BRANCH NAME: Probate

ESTATE OF (name): Catherine Marie Reimann

PETITION FOR  Probate of  Lo  
 Probate of  Lo  
with Will Annexed  
 Letters of Administrat

ESTATE OF *(name)*:

Catherine M

3. d. Character and estimated value of the pr

(1) Personal property:

(2) Annual gross income from

(a) real property:

(b) personal property:

(3) **Subtotal** *(add (1) and (2))*:

(4) Gross fair market value of real proper

(5) (Less) Encumbrances:

(6) Net value of real property:

(7) **Total** *(add (3) and (6))*:

e. (1)  Will waives bond.  S

(2)  All beneficiaries are adults and  
3e(2).)

(3)  All heirs at law are adults and h

(4)  Sole personal representative is

f. (1)  Decedent died intestate