

DE-111

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Chris Scarcella FIRM NAME: C.S. Scarcella & Associates STREET ADDRESS: 250 W. First St. #244 CITY: Claremont TELEPHONE NO.: (909) 529-3979 E-MAIL ADDRESS: cs@scarcellaw.com ATTORNEY FOR (name): KEVIN McBEAN		STATE BAR NO.: 280213 STATE: CA ZIP CODE: 91711 FAX NO.: (877) 795-9845		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT JUL 14 2023 BY <u>Angelica Segura</u> ANGELICA SEGURA, DEPUTY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street MAILING ADDRESS: SAME CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division					
ESTATE OF (name): Steven McBean <div style="text-align: right;">DECEDENT</div>					
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 <input checked="" type="checkbox"/> 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: PROB2300015	
				HEARING DATE AND TIME: 8-29-23 9:00 AM	
				DEPT: S36	

1. Publication will be in (specify name of newspaper): City News Group

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

2. Petitioner (name each):

Kevin McBean

requests that

a. ☐ decedent's will and codicils, if any, be admitted to probate.

b. (name): Kevin McBean

(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) ☒ \$453,900.00 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): April 16, 2023 at (place): 9330 Frankfort, Fontana, CA 92335

(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):

Kaiser Foundation Hospital, 2295 S. Vineyard Ave., Ontario, CA, San Bernardino County

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No Letters of No order

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ESTATE OF (name):	CASE NUMBER:
DECEDENT	

3. d. Character and estimated value of the property of the estate (complete in all cases):

- (1) Personal property: \$0.00
- (2) Annual gross income from:
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 0.00
- (4) Gross fair market value of real property: \$ 453,900.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 453,900.00
- (7) Total (add (3) and (6)): \$ 453,900.00

- e. (1) ☐ Will waives bond. — ☐ Special administrator is the named executor, and the will waives bond.
- (2) ☒ All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)
- (3) ☐ All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency.
- f. (1) ☒ Decedent died intestate.
- (2) ☐ Copy of decedent's will dated: ☐ codicil dated (specify for each):
- are affixed as Attachment 3f(2). (Include typed copies of handwritten documents and English translations of foreign-language documents.)
- ☐ The will and all codicils are self-proving (Prob. Code, § 8220).
- (3) ☐ The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)

g. Appointment of personal representative (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:
- (a) ☐ Proposed executor is named as executor in the will and consents to act.
- (b) ☐ No executor is named in the will.
- (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(1)(c).)
- (d) ☒ Other named executors will not act because of ☐ death ☒ declination
- ☒ other reasons (specify):
- Arnold McBean lives out-of-state

☐ Continued in Attachment 3g(1)(d).

(2) Appointment of administrator:

- (a) ☒ Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3g(2)(a).)
- (b) ☐ Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(2)(b).)
- (c) ☒ Petitioner is related to the decedent as (specify): Father
- (3) ☐ Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3g(3).)
- (4) ☐ Proposed personal representative would be a successor personal representative.
- h. Proposed personal representative is a
- (1) ☒ resident of California.
- (2) ☐ nonresident of California (specify permanent address):

- (3) ☒ resident of the United States.
- (4) ☐ nonresident of the United States.