


ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Ryan E. Jackman, Esq. FIRM NAME: Jackman Law, P.C. STREET ADDRESS: 25152 Springfield Court, Suite 390 CITY: Valencia TELEPHONE NO.: (661) 502-6244 E-MAIL ADDRESS: ryan@jackman.law ATTORNEY FOR (name): Tuesday Cabiness	STATE BAR NO.: 336617  STATE: CA ZIP CODE: 91355 FAX NO.:
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: 247 West Third Street MAILING ADDRESS: 247 West Third Street CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: San Bernardino Justice Center	
ESTATE OF (name): MINNIE MAE CABINESS  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	

FOR COURT USE ONLY  <b>FILED</b> SUPERIOR Court OF CALIFORNIA COUNTY OF SAN BERNARDINO PROBATE DEPT.  <b>SEP 14 2023</b>   <b>BY: VALERIE GOLDSTEIN, Deputy</b>	
CASE NUMBER: <b>PROVV2300027</b>	
HEARING DATE AND TIME: <b>OCT 16 2023 9:00am</b>	DEPT.: <b>V12</b>

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

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

**Candice Garcia-Rodrigo**

2. **Petitioner (name each):**  
Tuesday Cabiness

NOTICE: This Case is assigned to Dept. V12  
for all purposes and is subject to CCP 170.6(2)

170-612 FAXED

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Tuesday Cabiness be appointed
- (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): July 1, 2023 at (place): Pomona, CA  
 (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):  
 9830 Nevada Rd  
 Phelan, CA 92371 (San Bernardino County) (verify this is where she was living)