

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Ronald W. Ask, Esq. (SBN:103895) Renee S. Fahrendholz, Esq. (SBN:322054) FIRM NAME: Elder Law Center, P.C. STREET ADDRESS: 3600 Lime Street, #4-412 CITY: Riverside TELEPHONE NO.: 951-684-5608 E-MAIL ADDRESS: elc@elderlawcenter.net ATTORNEY FOR (name): Paula Jones		STATE BAR NO.: STATE: CA ZIP CODE: 92501 FAX NO.: 951-684-1106		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Fontana District - Probate				ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT 12/5/2023 5:33 PM By: Valerie Goldstein, DEPUTY	
ESTATE OF (name): Randall Jones <div style="text-align: right;">DECEDENT</div>					
PETITION FOR		CASE NUMBER: PROVA2300319			
<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		HEARING DATE AND TIME: 1/23/24 9:00 am DEPT.: F1			

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

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

2. Petitioner (name each):

Paula Jones

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Paula Jones 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): 02/27/2023 at (place): San Bernardino, 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):
22770 Lark Street
Grand Terrace, CA 92313

ESTATE OF (name):

Randall Jones
DECEDENT

CASE NUMBER:

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

- (1) Personal property: \$236,603.96
- (2) Annual gross income from
- (a) real property: \$
- (b) personal property: \$
- (3) Subtotal (add (1) and (2)): \$ 236,603.96
- (4) Gross fair market value of real property: \$ 554,000.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 554,000.00
- (7) Total (add (3) and (6)): \$ 790,603.96

- 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):

☐ 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):
- (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.

ESTATE OF (name):

Randall Jones
DECEDENT

CASE NUMBER:

4. ☐ Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) ☒ spouse.
- (2) ☐ no spouse as follows:
- (a) ☐ divorced or never married.
- (b) ☐ spouse deceased.
- (3) ☐ registered domestic partner.
- (4) ☒ no registered domestic partner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
- (5) ☒ child as follows:
- (a) ☒ natural or adopted.
- (b) ☐ natural adopted by a third party.
- (6) ☐ no child.
- (7) ☐ issue of a predeceased child.
- (8) ☒ no issue of a predeceased child.
- b. Decedent ☐ was ☒ was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the first box that applies):
- a. ☐ Decedent was survived by a parent or parents who are listed in item 8.
- b. ☐ Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
- c. ☐ Decedent was survived by a grandparent or grandparents who are listed in item 8.
- d. ☐ Decedent was survived by issue of grandparents, all of whom are listed in item 8.
- e. ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- f. ☐ Decedent was survived by next of kin, all of whom are listed in item 8.
- g. ☐ Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
- h. ☐ Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. ☐ Decedent had no predeceased spouse.
- b. ☐ Decedent had a predeceased spouse who
- (1) ☐ died not more than 15 years before decedent and who owned an interest in real property that passed to decedent,
- (2) ☐ died not more than five years before decedent and who owned personal property valued at \$10,000 or more that passed to decedent, (if you checked (1) or (2), check only the first box that applies):
- (a) ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- (b) ☐ Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
- (c) ☐ Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
- (d) ☐ Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
- (e) ☐ Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
- (3) ☐ neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

ESTATE OF *(name)*:Randall Jones
DECEDENT

CASE NUMBER:

8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
Paula Jones - Spouse	Adult	22770 Lark Street Grand Terrace, CA 92313
Dorian Michael Jones - Son	Adult	22770 Lark Street Grand Terrace, CA 92313
Adrienne Diane Jones - Daughter	Adult	9600 19th Street, Apt. 64 Rancho Cucamonga, CA 92313

☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date: 12/1/2023

Renee S. Fahrendholz, Esq.

(TYPE OR PRINT NAME OF ATTORNEY)

DocuSigned by:

Renee S. Fahrendholz

(SIGNATURE OF ATTORNEY) *

* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12/1/2023

Paula Jones

(TYPE OR PRINT NAME OF PETITIONER)

DocuSigned by:

Paula Jones

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

Estate of Randall Jones
Attachment to Petition for Probate

Attachment 3e(3)

All heirs have waived bond and the executed waivers are attached hereto and incorporated herein by this reference.

Attachment 3g(2)(a)

The Petitioner is the decedent's spouse and holds the highest priority of appointment pursuant to Probate Code § 8461.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052023056331

CERTIFICATE OF DEATH

3202336002936

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
3052023056331		3202336002936	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
RANDALL		LEE	
3. LAST (Family)		JONES	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. Mths. Ds. Hrs. Mins. Ss.	
04/16/1949		73 00 00 00 00 M	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH mm/dd/yyyy	
CA		02/27/2023	
8. HOUR (24 Hour)		1855	
9. BIRTH STATE/FOREIGN COUNTRY		10. EVER IN U.S. ARMED FORCES?	
CA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
11. MARITAL STATUS/SRDP* (at Time of Death)		12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MARRIED		CAUCASIAN	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
SOME COLLEGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
INSURANCE AGENT		LIFE INSURANCE	
18. DECEDENT'S RESIDENCE (Street and number, or location)		19. YEARS IN OCCUPATION	
22770 LARK ST.		40	
20. CITY		21. COUNTY/PROVINCE	
GRAND TERRACE		SAN BERNARDINO	
22. ZIP CODE		23. YEARS IN COUNTY	
92313		30	
24. STATE/FOREIGN COUNTRY		25. STATE/FOREIGN COUNTRY	
CA		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
PAULA A. JONES, SPOUSE		22770 LARK ST., GRAND TERRACE, CA 92313	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	
PAULA		ALEXANDRIA	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
KOEFFLE		CLYDE	
32. MIDDLE		33. LAST	
WESLEY		JONES	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
TX		LILY	
36. MIDDLE		37. LAST (BIRTH NAME)	
EMILEEN		WILKIN	
38. BIRTH STATE		39. BIRTH STATE	
CA		CA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION	
HILLSIDE MEMORIAL PARK		BURIAL	
1540 ALESSANDRO RD., REDLANDS, CA 92373		42. SIGNATURE OF EMBALMER	
		GREGORY ANGON MACIAS	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB8010		EMMERSON BARTLETT MEMORIAL CHAPEL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD698		MICHAEL A. SEQUEIRA, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
03/15/2023		03/15/2023	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
HILLSONG SENIOR LIVING		<input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SAN BERNARDINO		2434 CIENEGA DR.	
106. CITY		107. CAUSE OF DEATH	
HIGHLAND		Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. BICOPR PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NONE		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		SANJEEV PURI, DO	
(A) mm/dd/yyyy (B) mm/dd/yyyy		116. LICENSE NUMBER	
07/20/2022 02/27/2023		20A15903	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
03/13/2023		SANJEEV PURI, DO	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

MAR 21 2023

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Michael A. Sequeira MD
 MICHAEL A. SEQUEIRA, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.

PRSCO (Rev) 06/21

* 003141598 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DE-142/DE-111(A-3e)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Ronald W. Ask, Esq. (SBN:103895) Renee S. Fahrendholz, Esq. (SBN:322054) FIRM NAME: Elder Law Center, P.C. STREET ADDRESS: 3600 Lime Street, #4-412 CITY: Riverside STATE: CA ZIP CODE: 92501 TELEPHONE NO.: 951-684-5608 FAX NO.: 951-684-1106 E-MAIL ADDRESS: elc@elderlawcenter.net ATTORNEY FOR (name): Paula Jones		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Fontana District - Probate		
ESTATE OF (Name): Randall Jones , DECEDENT		
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*		CASE NUMBER:

NOTICE: READ PARAGRAPHS A–G BEFORE YOU SIGN

- A. A bond is a form of insurance to replace assets that may be mismanaged or stolen by the executor or administrator (the estate's **personal representative**). The cost of the bond is paid from the assets of the estate.
- B. A bond may not be required if the decedent's will admitted to probate waives a bond and the court approves.
- C. If the decedent's will does not waive bond, or if the decedent died without a will, the law ordinarily requires the personal representative to give a bond approved and ordered by the court. However, all persons eligible to receive a share of the estate may waive the requirement of a bond. If they all waive bond and the court approves, the personal representative will NOT have to give a bond.
- D. **If bond is not ordered by the court, and the estate suffers loss because the personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the personal representative. If so, your share of the estate may be partly or entirely lost.**
- E. You may waive the requirement of a bond by signing this form and delivering it to the petitioner for appointment of a personal representative or to the petitioner's attorney. Your waiver cannot be withdrawn after the court appoints the personal representative without requiring a bond. However, if you sign a waiver of bond, you may later petition the court to require a bond.
- F. A guardian ad litem or other legal representative with specific authority under law to waive bond must sign for a minor, an incapacitated person, an unascertained beneficiary, or a designated class of persons who are not ascertained or not yet in being. See Judicial Council forms DE-350 and DE-351 and Probate Code section 1003.
- G. **If you do not understand this form, do not sign it until you have asked a lawyer (who is independent of the lawyer for the proposed personal representative) to explain it to you.**

WAIVER

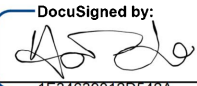
- I have read and understand paragraphs A through G above.
- I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
- I understand that I do not have to waive bond to allow the estate administration to begin or proceed, or to receive my share of the estate.
- I **WAIVE** the posting of bond in this estate by (name of personal representative): **Paula Jones**

Date: 12/5/2023

Adrienne Diane Jones

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))



DocuSigned by:

 1E34639012D542A...
 (SIGNATURE)

*(This form may be filed as an independent form (as form DE-142) OR as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Ronald W. Ask, Esq. (SBN:103895) Renee S. Fahrendholz, Esq. (SBN:322054) FIRM NAME: Elder Law Center, P.C. STREET ADDRESS: 3600 Lime Street, #4-412 CITY: Riverside STATE: CA ZIP CODE: 92501 TELEPHONE NO.: 951-684-5608 FAX NO.: 951-684-1106 E-MAIL ADDRESS: elc@elderlawcenter.net ATTORNEY FOR (name): Paula Jones		FOR COURT USE ONLY
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ESTATE OF (Name): Randall Jones , DECEDENT		
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to <i>Petition for Probate</i> *		CASE NUMBER:

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- D. **If bond is not ordered by the court, and the estate suffers loss because the personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the personal representative. If so, your share of the estate may be partly or entirely lost.**
- E. You may waive the requirement of a bond by signing this form and delivering it to the petitioner for appointment of a personal representative or to the petitioner's attorney. Your waiver cannot be withdrawn after the court appoints the personal representative without requiring a bond. However, if you sign a waiver of bond, you may later petition the court to require a bond.
- F. A guardian ad litem or other legal representative with specific authority under law to waive bond must sign for a minor, an incapacitated person, an unascertained beneficiary, or a designated class of persons who are not ascertained or not yet in being. See Judicial Council forms DE-350 and DE-351 and Probate Code section 1003.
- G. **If you do not understand this form, do not sign it until you have asked a lawyer (who is independent of the lawyer for the proposed personal representative) to explain it to you.**

WAIVER

- I have read and understand paragraphs A through G above.
- I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
- I understand that I do not have to waive bond to allow the estate administration to begin or proceed, or to receive my share of the estate.
- I WAIVE the posting of bond in this estate by (name of personal representative): Paula Jones

Date: December 4th, 2023Dorian Michael Jones

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))



(SIGNATURE)

*(This form may be filed as an independent form (as form DE-142) OR as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)