ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*
Bernardo Lorenzo Salinas

3600 Lime Street, Bldg 2, #216
Riverside, CA 92501

TELEPHONE NO.: 909-206-4149 FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):* info@ivdocprep.com

ATTORNEY FOR *(Name):* Bernardo Lorenzo Salinas, In Pro Per

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

STREET ADDRESS: **17800 ARROW BLVD**

MAILING ADDRESS: **SAME**

CITY AND ZIP CODE: **FONTANA, CA 92335**

BRANCH NAME:

ESTATE OF *(Name):*
MIGUEL SALINAS MUNOZ

DECEDENT

NOTICE OF PETITION TO ADMINISTER ESTATE OF
(Name): MIGUEL SALINAS MUNOZ

CASE NUMBER:
PROVA2500139

1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of *(specify all names by which the decedent was known):*
   MIGUEL SALINAS MUNOZ
2. A **Petition for Probate** has been filed by *(name of petitioner):* Bernardo Lorenzo Salinas
   in the Superior Court of California, County of *(specify):* SAN BERNARDINO
3. The Petition for Probate requests that *(name):* Bernardo Lorenzo Salinas
   be appointed as personal representative to administer the estate of the decedent.
4. ☐ The petition requests the decedent's will and codicils, if any, be admitted to probate. The will and any codicils are available for examination in the file kept by the court.
5. ☒ The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
6. **A hearing on the petition will be held in this court as follows:**

   a. Date: **April 02, 2025** Time: **9:00 AM** Dept.: **F1** Room:

   b. Address of court: ☒ same as noted above ☐ other *(specify):*

7. **If you object** to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.
8. **If you are a creditor or a contingent creditor of the decedent,** you must file your claim with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.
   Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.
9. **You may examine the file kept by the court.** If you are a person interested in the estate, you may file with the court a *Request for Special Notice* (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A *Request for Special Notice* form is available from the court clerk.
10. ☒ Petitioner ☐ Attorney for petitioner *(name):* Bernardo Lorenzo Salinas

    (Address): 3600 Lime Street, Bldg 2, #216
    Riverside, CA 92501

    (Telephone): 909-206-4149

NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

ESTATE OF *(Name):* MIGUEL SALINAS MUNOZ — DECEDENT	CASE NUMBER: PROVA2500139

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify):* 3600 Lime Street, **Riverside, CA 92501**

3. I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
   a. [X] **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
   b. [ ] **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
4. a. Date mailed: **02/20/2025** b. Place mailed *(city, state):* **Riverside, CA**

5. [X] I served, with the *Notice of Petition to Administer Estate,* a copy of the petition or other document referred to in the notice.

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

Date: **02/20/2025**

Cynthia Mendoza
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address *(number, street, city, state, and zip code)*
1.	**PLEASE SEE ATTACHMENT FOR THE FULL PROOF OF SERVICE LIST	
2.		
3.		
4.		
5.		
6.		

[X] Continued on an attachment. *(You may use form DE-121(MA) to show additional persons served.)*

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)

ESSTATE OF MIGUEL SALINAS MUNOZ, DECEASED

ATTACHMENT 8, TO DE-111

ATTACHMENT TO DE-121

ATTACHMENT TO DE-120

Name	Age	Relationship	Address
Bernardo Lorenzo Salinas	**54**	**Son**	**3600 Lime St., #216, Riverside, CA 92501**
Alma Rosa Salinas	65	Daughter	Birmania 7424 Inf Tecnologico Juarez Chihuahua Mexico
Manuela Zuniga Salinas	62	Daughter	14324 Desierto Bueno Ave. Horizon City, TX 79928
Juana Teresa Salinas de Pillado	58	Daughter	281 E. Winchester Dr. Rialto, CA 92376
Laura M. Salinas	57	Daughter	5300 Garry Owen Rd. El Paso, TX 79930
Mirna Salinas Cuellar	55	Daughter	5300 Garry Owen Rd. El Paso, TX 79930
Esmeralda Arvizu	unknown	Daughter	4230 W. 1st Street Apt. #214 Santa Ana, CA 92703
Blanca Elia Drosas	58	Daughter	985 Ridge Rd. Highland Park, IL 60035
Luis Enrique Salinas	64	Son	3825 W. Hatcher Rd. Phoenix, AZ 85051
Maria Isabel Lara	70	Daughter	6613 W. Camino San Xavier Glendale, AZ 85308
Miguel Angel Salinas Lara	68	Son	30 N. Dunbar Dr. Nogales, AZ 85621
Olga Yolanda Dominguez	61	Daughter	4230 N. 85th Ave. Phoenix, AZ 85037
Miguel Salinas	64	Son	636 97th St. Albuquerque, NM 87121
Manuela Salinas	60	Daughter	421 W. Mission Ln. Phoenix, AZ 85021
Estate of Miguel Salinas Munoz	_____	_____	1327 S. Vine St. San Bernardino, CA 92411