REC'D AUG 0 8 2022 REC'D JUN 2 1 2022

REC'D 1111 1 3 2022-444

	ILLUD JUL I U LULBE-111
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 31164	FOR COURT USE ONLY
NAME: GUAY P. WISLON FIRM NAME: ATTORNEY AT LAW	
STREET ADDRESS: 14 N EIGHTH STREET P.O. BOX 166	
CITY: REDLANDS STATE: CA ZIP CODE: 92373	
TELEPHONE NO.: 909 793-2044 FAX NO.: 909 793-9614	SUPERIOR COURT OF CALLED PAIR
E-MAIL ADDRESS: gpw@guaywilsonlaw.com	SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE
ATTORNEY FOR (name):	007-04-000
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside	0CT 0 6 2022
STREET ADDRESS: 4050 MAIN STREET	A. R. Property of
MAILING ADDRESS: P.O. BOX 431 CITY AND ZIP CODE: RIVERSIDE, CA 92502	M. Fitzpatric
BRANCH NAME:	
ESTATE OF (name): GORDON C. McQUILLEN	
DECEDENT	
PETITION FOR X Probate of Lost Will and for Letters Testamentary Probate of Lost Will and for Letters of Administration	CASE NUMBER:
with Will Annexed	PRRI 2201937
Letters of Administration	
Letters of Special Administration with general powers	HEARING DATE AND TIME: DEPT.:
X Authorization to Administer Under the Independent Administration of Estates Act with limited authority	NOV 2 3 2022 8:30 11
,	
 Publication will be in (specify name of newspaper): 	
a. Publication requested.	
b. x Publication to be arranged.	
2. Petitioner (name each):	
MARY E, McQUILLEN	
requests that	
a. x decedent's will and codicils, if any, be admitted to probate.	
b. (name): MARY E. McQUILLEN	be appointed
(1) x executor	
(2) administrator with will annexed	
(3) administrator	
(4) special administrator with general powers	
and Letters issue upon qualification.	
c. x full limited authority be granted to administer under the Independent	dent Administration of Estates Act.
 d. (1) x bond not be required for the reasons stated in item 3d. 	
	by an admitted surety insurer or as otherwise
provided by law. (Specify reasons in Attachment 2 if the amount is differenced as 8482)	ent from the maximum required by Prob.
Code, § 8482.) (3) \$ \text{in deposits in a blocked account be allowed}	I. Receipts will be filed.
(Specify institution and location):	
0 000	
3. a. Decedent died on (date): February 26, 2022 at (place): Redlands, California	
(1) x a resident of the county named above.	In the death of the section of the s
(2) a nonresident of California and left an estate in the county named above publication in the newspaper named in item 1):	located at (specify location permitting
publication in the newspaper named in term 1).	
· ·	
b December of the state of the	()-
b. Decedent was a citizen of a country other than the United States (specify country other than the United States)	intry):
c. Street address, city, and county of decedent's residence at time of death (specify):	
28960 San Timoteo Canyon Rd Redlands, CA 92373 Questide County	7
See Attachment	3 C Page 1 of 4

PETITION FOR PROBATE (Probate—Decedents Estates)

EST	ATE	E OF (name):	GORDON C. McQUILLEN DECEDENT	CASE NUMBER:
3. 0	d. C	Character and estimated value of the proper	y of the estate (complete in all cas	ses):
		1) Personal property:	\$9,000	,
	(:	2) Annual gross income from		
		(a) real property:	\$ 20,000	
		(b) personal property:	\$ 1,000	
	(;	3) Subtotal (add (1) and (2)):	\$ 30,000	
	(4	4) Gross fair market value of real property:	\$ 500,000	
	(5) (Less) Encumbrances:	(\$)	
	(6	6) Net value of real property:	\$ 530,000	
	(7) Total (add (3) and (6)):		\$ 530,000
ε				require a bond. (Affix waiver as Attachment
		4) Sole personal representative is a corp	•	* * * *
f.	•	Decedent died intestate. Copy of decedent's will dated: Feb. 12	2, 2007 codicil dated	(specify for each):
g	j. A	language documents.) The will and all codicils are self- The original of the will and/or codicil in statement of the testamentary words why the presumption in Prob. Code, suppointment of personal representative (chemical) Appointment of executor or administrator will suppoint the self-	proving (Prob. Code, § 8220). lentified above has been lost. (Affix or their substance in Attachment 3f § 6124 does not apply.) ck all applicable boxes):	cuments and English translations of foreign- c a copy of the lost will or codicil or a written f(3), and state reasons in that attachment act.
		(c) Proposed personal representative (Affix nomination as Attachment 3 (d) Other named executors will not a other reasons (specify):		to Letters. declination .
	(2		etters. (If necessary, explain priorit on entitled to Letters. (Affix nominati	
h	(3 (4 1. P (1 (2	Proposed personal representative wo roposed personal representative is a X resident of California.	uld be a successor personal repres	
	(3 (4	3) x resident of the United States. 4) nonresident of the United States.		

ES	STATE OF (name):	GORDON C. McQUILLEN DECEDENT
4. 5.	a. Decedent was survived by (check item	Iministration of this estate under the Independent Administration of Estates Act. s (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
	 (1) x spouse. (2) no spouse as follows: (a) divorced or never marri (b) spouse deceased. (3) registered domestic partner. (4) x no registered domestic partner. (5) x child as follows: (a) natural or adopted. (b) natural adopted by a thi 	ner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
	(6) no child. (7) ssue of a predeceased child	l.
	 (8) x no issue of a predeceased of b. Decedent was x was no decedent but for a legal barrier. (See F 	t survived by a stepchild or foster child or children who would have been adopted by
6.	(Complete if decedent was survived by (1) spouse, registered domestic partner, or iss	a spouse or registered domestic partner but no issue (only a or b apply), or (2) no sue. (Check the first box that applies):
	b. Decedent was survived by issue c. Decedent was survived by a grad d. Decedent was survived by issue e. Decedent was survived by issue f. Decedent was survived by next of g. Decedent was survived by parent whom are listed in item 8.	ent or parents who are listed in item 8. of deceased parents, all of whom are listed in item 8. ndparent or grandparents who are listed in item 8. of grandparents, all of whom are listed in item 8. of a predeceased spouse, all of whom are listed in item 8. of kin, all of whom are listed in item 8. ts of a predeceased spouse or issue of those parents, if both are predeceased, all of
7.	h. Decedent was survived by no kn (Complete only if no spouse or issue survi	
	 a. Decedent had no predeceased s b. Decedent had a predeceased sp (1) died not more than 15 years (2) died not more than five year passed to decedent, (If you (a) Decedent was survived 	pouse. ouse who before decedent and who owned an interest in real property that passed to decedent, so before decedent and who owned personal property valued at \$10,000 or more that checked (1) or (2), check only the first box that applies): by issue of a predeceased spouse, all of whom are listed in item 8.
	(c) Decedent was survived (d) Decedent was survived	by a parent or parents of the predeceased spouse who are listed in item 8. by issue of a parent of the predeceased spouse, all of whom are listed in item 8. by next of kin of the decedent, all of whom are listed in item 8. by next of kin of the predeceased spouse, all of whom are listed in item 8.
8.	ascertainable by petitioner, of (1) all perso	ationships to decedent, ages, and addresses, so far as known to or reasonably as mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the e same person.

Signatures of additional petitioners follow last attachment.

LAST WILL AND TESTAMENT

OF

GORDON C. McQUILLEN

I, GORDON C. McQUILLEN, residing in the County of Riverside, State of California, and being of lawful age and sound and disposing mind and memory, and not being actuated by any duress, menace, fraud nor undue influence whatsoever, hereby make, publish and declare this to be my Last Will and Testament, and hereby revoke any and all former Wills and Codicils thereto heretofore made by me.

FIRST: I hereby direct that all my just debts and funeral expenses be paid as soon as convenient after my death.

SECOND: I hereby declare that I am married to MARY E. McQUILLEN, and that we have two living children namely, GORDON PAUL McQUILLEN and GORDON ROY McQUILLEN. I further declare that I have one daughter, DONNA GAYL CRUZ, who died leaving three children, KAYLEEN DOLORES SWANTEK, ROBERT CHARLES JOSEPH CRUZ and KYMBERLY SUE CRUZ MOSS.

THIRD: I give and devise to my wife, MARY E. McQUILLEN, the life estate in my family home at 28960 San Timoteo, Redlands, California. Upon her death, remarriage or election to vacate the property, this life estate shall be terminated and the real estate shall be distributed to my then surviving issue on the principal of representation. This gift shall include the undeveloped parcel of real property across the railroad tracks from my residence.

FOURTH: I give and devise the rest, residue and remainder of my estate and property to my said wife, MARY E. McQUILLEN. If she is not then surviving, this residue shall pass to my surviving issue on the principle of representation.

McQUILLEN, as Executor without bond of this, my Last Will and Testament. In the event my said wife should fail to qualify or cease to serve as such Executor, then I nominate and appoint my said son, GORDON PAUL McQUILLEN, as Executor without bond of this, my Last Will and Testament. I authorize my Executor to sell any property belonging to my estate, subject to such confirmation as may be required by Law, and to hold, manage and operate any such property.

IN WITNESS WHEREOF, I have hereunto set my hand this 12 day of February, 2008, at Redlands, California.

Forden C: Mc Wieller GORDON C. MCQUILLEN

The foregoing instrument was signed on the above date by the Testator, GORDON C. McQUILLEN, in our presence, we being present at the same time, and he then declared to us that such instrument was his Last Will and Testament; and we, at the Testator's request

and in his presence, and in the presence of each other, have signed such instrument as witnesses.

The Milan Residing at Redlands, California.

Residing at Redlands, California.

DECLARATION OF PETITIONER

I am the widow of the late GORDON C. McQUILLEN. As set forth in the certificate of assignment and the will of the decedent, he was a resident of Riverside County and a registered voter therein.

We do have a Redlands address. San Timoteo Canyon is a back road from Bryn Matr, San Bernardino County, to Beaumont, Riverside County. From a logistical standpoint it is reasonable that we would receive mail at the 92373 zip code.

Under section 7051 of the probate code the decedent was domiciled in Riverside County. My late husband and I lived in the home for many years. A copy of the tax bill is attached hereto.

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

ung Wille Mc Ralla 7-21-22

Executed at Redlands, California July 22, 2022

MARY WELER McQUILLEN

pt 3(c)

Matthew Jennings

Riverside County Treasurer-Tax Collector

PO BOX 12005 Riverside, CA 92502-2205 1080 Lemon St (1st Floor) Riverside, CA 92501

Telephone: (951) 955-3900 Toll Free Number: 1 (877) 748-2689 From area codes 951 & 760 only

RIVERSIDE COUNTY ANNUAL SECURED PROPERTY TAX BILL

For Fiscal Year July 1, 2021 through June 30, 2022

Property Data: 473030022 1.18 ACRES M/L IN POR SE 1/4 OF SEC 14 T2S R3W FOR TOTAL ...

(Please contact the Assessor for more information)

28960 SAN TIMOTEO CANYON RD REDLANDS CA 92373 Address:

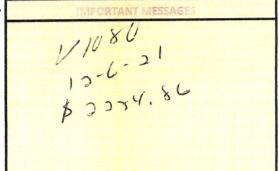
Mailed to: MCQUILLEN GORDON C

11/3/2021

28960 SAN TIMOTEO CANYON RD

REDLANDS CA 92373





Visit our website: www.countytreasurer.org

PIN	Bill Number	Assessment Number	Bill Posted Date	Tax Rate Area
473030022	2021000765573	2021-473030022	09-14-2021	056-006

MCQUILLEN GORDON C

General		
		\$1,696.9
03-1101-D BEAUMONT UNIFIED SCHOOL	951-797-5361	\$131.9
03-9201-D MT SAN JACINTO JR COLLEGE	951-487-3011	\$22.4
04-4391-D SAN GORGONIO PASS MEM HOSPITAL	951-769-2103	\$106.5
04-5171-D SAN GORGONIO PASS WTR AGENCY DS	951-845-2577	\$296.
*** TOTAL AD VALOREM TAXES		\$2,254.
68-1377-FC FLD CNTL STORMWATER/CLEANWATER	800-969-4382	\$4.
68-4000-FC SAN GORGONIO HOSPITAL MEASURE D	800-676-7516	\$60.
*** TOTAL SPECIAL ASSESSMENTS AND FIXED CHARGES		\$64.

EMPORTANT INFORM	TION ON BEVERSE SIDE
Land	\$30,236
Structures	\$146,459
Full Taxable Value	\$176,695
Exemptions - Homeowner	\$7,000
Exemptions - Other	\$0
Net Taxable Value	\$169,695
Tax Rate Per \$100 Value	1.32878
Taxes	\$2,254.86
Special Assessments & Fixed Cha	ges \$64.64
Total Base Tax Amount	\$2,319.50
Add 10% \$1,159.	Add 10%
penalty after 12-10-2021	penalty plus cost after 04-11-2022
\$1,159.	\$1,159.75

PLEASE KEEP TOP PORTION FOR YOUR RECORDS

NO RECEIPTS WILL BE ISSUED - YOUR CANCELLED CHECK IS YOUR RECEIPT

PIN	Bill Number
473030022	2021000765573
DUE 02/01/2022	
PAY BY 04/11/2022	\$1,159.75
IF PAID AFTER 04/11/2022,	
ADD 10% PENALTY A	AND \$153.99

If paying in person at one of our offices, bring the entire tax bill or no receipt will be issued. For additional charges see item #5 on the reverse SEND THIS STUB WITH YOUR 2ND

RIVERSIDE COUNTY ANNUAL 2021-2022 SECURED PROPERTY TAX BILL

PARTIAL PAYMENTS ARE NOT ACCEPTED

CANNOT BE PAID UNLESS 1ST INSTALLMENT IS PAID

11/3/2021

Check here for change of mailing address Please provide corrections on reverse side

Pay taxes online by eCheck or by Credit/Debit card

CHECK

ELECTRONIC

www.countytreasurer.org



2nd Installment

473030022 00000115975 022021 2021000765573

02202147303002200000115975041120220000013137420210007655739

11/3/2021