

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 315532</p> <p>NAME: Ryan E. Fender</p> <p>FIRM NAME: Law Office of Ryan E. Fender, APC</p> <p>STREET ADDRESS: 300 E. State St., Suite 200</p> <p>CITY: Redlands STATE: CA ZIP CODE: 92373</p> <p>TELEPHONE NO.: 9097269580 FAX NO.: 9097269510</p> <p>E-MAIL ADDRESS: ryan@fenderlaw.net</p> <p>ATTORNEY FOR (name): Jason Patty</p>	<p style="text-align: center;">FOR COURT USE ONLY</p> <p>ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT</p> <p>10/17/2024 11:20 AM</p> <p>By: Angeline Garcia, DEPUTY</p>		
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</p> <p>STREET ADDRESS: 17780 Arrow Boulevard</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE: Fontana 92335</p> <p>BRANCH NAME: Fontana District</p>			
<p>ESTATE OF (name): Dorothy May Patty</p> <p style="text-align: right;">DECEDENT</p>			
<p>PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary</p> <p><input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed</p> <p><input checked="" type="checkbox"/> Letters of Administration</p> <p><input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers</p> <p><input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority</p>	<p>CASE NUMBER: PROVA2400898</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">HEARING DATE AND TIME: 12.05.2024 9AM</td> <td style="width: 20%;">DEPT.: F1</td> </tr> </table>	HEARING DATE AND TIME: 12.05.2024 9AM	DEPT.: F1
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1. Publication will be in (specify name of newspaper): **California Newspaper Service Bureau**

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

2. **Petitioner (name each):**
Jason Patty

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): **Jason Patty** 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) ☒ \$200,000.00 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): **10/21/2023** at (place): **Pomona Valley Hospital Medical Center, 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):

8427 Leucite Ave. Rancho Cucamonga, CA 91730
San Bernardino County