

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: <b>Kailee Jean King</b> FIRM NAME: <b>In Pro Per</b> STREET ADDRESS: <b>57492 Twentynine Palms Hwy</b> CITY: <b>Yucca Valley</b> STATE: <b>CA</b> ZIP CODE: <b>92284</b> TELEPHONE NO.: <b>(760) 820-2236</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>  ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT  2/10/2025 3:09 PM  By: Alex Umana, DEPUTY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</b> STREET ADDRESS: <b>17780 Arrow Blvd</b> MAILING ADDRESS: <b>17780 Arrow Blvd</b> CITY AND ZIP CODE: <b>Fontana, CA 92335</b> BRANCH NAME: <b>Fontana Probate Court</b>	CASE NUMBER: <b>PROVA2500113</b>  HEARING DATE AND TIME: <b>3/26/2025 9AM</b> DEPT.: <b>F2</b>
ESTATE OF (name): <b>ROBERT CARL KING</b>  <div style="text-align: right;">DECEDENT</div>	
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 type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	

1. Publication will be in (specify name of newspaper): **Hi-Desert Star**

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

2. Petitioner (name each): **KAILEE JEAN KING**

**requests that**

a. ☐ decedent's will and codicils, if any, be admitted to probate.

b. (name): **KAILEE JEAN KING**

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): **8/9/2024**

at (place): **Yucca Valley, CA 92284, San Bernardino County**

- (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):

**1930 Inca Trail, Yucca Valley, CA 92284, San Bernardino County**

ESTATE OF (name):  
ROBERT CARL KING

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$ 1,000  
 (2) Annual gross income from  
     (a) real property: \$ 0  
     (b) personal property: \$ 0  
 (3) **Subtotal** (add (1) and (2)): \$ 1,000  
 (4) Gross fair market value of real property: \$ \$275,300  
 (5) (Less) Encumbrances: ( \$ )  
 (6) Net value of real property: \$ 0  
 (7) **Total** (add (3) and (6)): \$ 1,000

- 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): Daughter  
 (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.