

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: <b>JOSE MANUEL VELAZQUEZ</b> FIRM NAME: STREET ADDRESS: <b>13460 OAK DELL ST.</b> CITY: <b>MORENO VALLEY</b> STATE: <b>CA</b> ZIP CODE <b>92553</b> TELEPHONE NO.: <b>562-221-8884</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>  <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> Superior Court of California County of Riverside <b>11/16/2023</b> <b>M. Arciniega Estrada</b> Electronically Filed
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>RIVERSIDE</b> STREET ADDRESS: <b>4050 MAIN STREET</b> MAILING ADDRESS: <b>4050 MAIN STREET</b> CITY AND ZIP CODE: <b>RIVERSIDE, CA 92501</b> BRANCH NAME: <b>RIVERSIDE HISTORIC COURT HOUSE</b>	CASE NUMBER <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">PRRI2302572</div>
ESTATE OF (name): <b>MARIA ALTAGRACIA VELAZQUEZ</b>  <div style="text-align: right; font-weight: bold;">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 checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	HEARING DATE AND TIME <div style="text-align: center;">1/26/24 0830AM</div>
	DEPT. <div style="text-align: center; font-size: 1.5em; font-weight: bold;">8</div>

1. Publication will be in (specify name of newspaper):

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

2. Petitioner (name each): **JOSE MANUEL VELAZQUEZ**

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
 b. (name): **JOSE MANUEL VELAZQUEZ**  
    (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):

be appointed

3. a. Decedent died on (date): **5-28-2010**

at (place): **RIVERSIDE, CALIFORNIA**

- (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):

**13460 OAK DELL ST., MORENO VALLEY, CA 92553, RIVERSIDE COUNTY**