

ATTORNEY OR PARTY WITHOUT ATTORNEY: <b>NAME: Bernardo Lorenzo Salinas</b> FIRM NAME: STREET ADDRESS: <b>3600 Lime Street, #216</b> CITY: <b>Riverside</b> STATE: <b>CA</b> ZIP CODE: <b>92501</b> TELEPHONE NO.: <b>(909) 206-4147</b> FAX NO.: E-MAIL ADDRESS: <b>info@ivdocprep.com</b> ATTORNEY FOR (name): <b>Bernardo Lorenzo Salinas, In Pro Per</b>	<b>FOR COURT USE ONLY</b>  <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO  <b>FEB 20 2025</b>  <i>Zaynah Gaji</i> BY <u>Zaynah Gaji</u> Deputy
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</b> STREET ADDRESS <b>17780 Arrow Blvd.</b> MAILING ADDRESS <b>Same</b> CITY AND ZIP CODE <b>Fontana, CA 92335</b> BRANCH NAME:	
<b>ESTATE OF (name): MIGUEL SALINAS MUNOZ</b> <span style="float: right;"><b>DECEDENT</b></span>	
<b>PETITION FOR</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost Will and for Letters Testamentary</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost Will and for Letters of Administration with Will Annexed</b> <input checked="" type="checkbox"/> <b>Letters of Administration</b> <input type="checkbox"/> <b>Letters of Special Administration</b> <input type="checkbox"/> <b>with general powers</b> <input checked="" type="checkbox"/> <b>Authorization to Administer Under the Independent Administration of Estates Act</b> <input type="checkbox"/> <b>with limited authority</b>	CASE NUMBER: <b>PROVA2500139</b>  HEARING DATE AND TIME: <b>APR 02 2025 9:00AM</b> DEPT.: <b>F1</b>

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

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

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

**Bernardo Lorenzo Salinas**

**requests that**

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
 b. (name): **Bernardo Lorenzo Salinas** 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): **07/21/2023**

at (place): **San Bernardino**

- (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):

**1327 S. Vine Street**  
**San Bernardino, CA 92411, San Bernardino County**