

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Deanna Marie Long 3120 Antler Road Ontario, CA 91761  TELEPHONE NO.: (909) 434-2640 FAX NO. (Optional): n/a E-MAIL ADDRESS (Optional): johnlong_2009@yahoo.com ATTORNEY FOR (Name): in pro per	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: 247 West Third Street MAILING ADDRESS: 247 West Third Street CITY AND ZIP CODE: San Bernardino 92415-0212 BRANCH NAME: Probate Division of San Bernardino District	
ESTATE OF (Name): JUDY RAE DARROCH  <div style="text-align: right;">DECEDENT</div>	
<b>NOTICE OF PETITION TO ADMINISTER ESTATE OF (Name): JUDY RAE DARROCH</b>	CASE NUMBER: PROSB2201003

1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of *(specify all names by which the decedent was known)*:  
JUDY RAE DARROCH (aka JUDY R. DARROCH)
2. A **Petition for Probate** has been filed by *(name of petitioner)*: Deanna Marie Long in the Superior Court of California, County of *(specify)*: San Bernardino
3. The Petition for Probate requests that *(name)*: Deanna Marie Long be appointed as personal representative to administer the estate of the decedent.
4. ☐ The petition requests the decedent's will and codicils, if any, be admitted to probate. The will and any codicils are available for examination in the file kept by the court.
5. ☒ The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
6. **A hearing on the petition will be held in this court as follows:**

a. Date: August 22, 2022	Time: 9:00 AM	Dept.: S35	Room:
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b. Address of court: ☒ same as noted above ☐ other *(specify)*:
7. **If you object** to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.
8. **If you are a creditor or a contingent creditor of the decedent**, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.  
**Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.**
9. **You may examine the file kept by the court.** If you are a person interested in the estate, you may file with the court a *Request for Special Notice* (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A *Request for Special Notice* form is available from the court clerk.
10. ☒ Petitioner ☐ Attorney for petitioner *(name)*: Deanna Marie Long  
 3120 Antler Road  
*(Address)*: Ontario, CA 91761  
*(Telephone)*: (909) 434-2640

**NOTE:** If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

(SIGNATURE OF PERSON COMPLETING THIS FORM)