ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Robert A. Clavel, Esq.	FOR COURT USE ONLY
State Bar # 315608	
5857 Pine Ave., Ste. B	
Chino Hills, CA 91709	
TELEPHONE NO.: (909) 531-4800 FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): rclavel@clavellaw.com ATTORNEY FOR (Name): Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO	
STREET ADDRESS: 247 West 3rd Street	
MAILING ADDRESS: 247 West 3rd Street	
CITY AND ZIP CODE: San Bernardino 92415	
BRANCH NAME: Probate	
ESTATE OF (Name):	
Reynaldo Abarca Arce	
DECEDENT	CASE NUMBER:
NOTICE OF PETITION TO ADMINISTER ESTATE OF	
(Name): Reynaldo Abarca Arce	PROSB2201527
1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise b	
or both, of (specify all names by which the decedent was known): Reynaldo Abarca Arce	,
2. A Petition for Probate has been filed by (name of petitioner): Robert A. Clavel	
in the Superior Court of California, County of (specify): San Bernardino	
3. The Petition for Probate requests that <i>(name):</i> Robert A. Clavel	
be appointed as personal representative to administer the estate of the decedent.	The will and any codicile are available
4. The petition requests the decedent's will and codicils, if any, be admitted to probate. for examination in the file kept by the court.	The will and any codicits are available
5. X The petition requests authority to administer the estate under the Independent Admin	
will allow the personal representative to take many actions without obtaining court ap	
important actions, however, the personal representative will be required to give notice have waived notice or consented to the proposed action.) The independent administr	
interested person files an objection to the petition and shows good cause why the cou	
6. A hearing on the petition will be held in this court as follows:	
a. Date: January 2, 2025 Time: 09:00 AM Dept.: F1 Room	m:
b. Address of court: X same as noted above other (specify):	
b. Address of court: X same as noted above other (specify):	
7. If you shight to the granting of the notition, you should appear at the heaving and state your	r chications or file written chications
7. If you object to the granting of the petition, you should appear at the hearing and state your with the court before the hearing. Your appearance may be in person or by your attorney.	objections of the written objections
8. If you are a creditor or a contingent creditor of the decedent, you must file your claim w	ith the court and mail a copy to the
personal representative appointed by the court within the later of either (1) four months fro	
a general personal representative, as defined in section 58(b) of the California Probate Code mailing or personal delivery to you of a notice under section 9052 of the California Probate C	
Other California statutes and legal authority may affect your rights as a creditor. You	
knowledgeable in California law.	
9. You may examine the file kept by the court. If you are a person interested in the estate, y	
Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of estate provided in Probate Code section 1250. A Request for Special Notice form is available from	
10. Petitioner X Attorney for petitioner (name): Robert A. Clavel, Esq.	the court dient.
Clavel Law, APLC	
(Address): 5857 Pine Ave., Ste. B	
Chino Hills, CA 91709	
(Telephone): (909) 531-4800	
NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ES 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 the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses	ast 7-point type. Print the case number as part of

Form Adopted for Mandatory Use Judicial Council of California DE-121 [Rev. January 1, 2013]

or the material on page 2.

		DE-12 ²
ESTATE OF (Name): CASE NUMBER:		
Reynaldo Abarca Arce	DECEDENT	PROSB2201527
PROOF OF SE	RVICE BY MAIL	
I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.		
2. My residence or business address is (specify): 5857 Pine Av	ve., Ste. B	
Chino Hills,	CA 91709	
 I served the foregoing Notice of Petition to Administer Estate on addressed as shown below AND 	n each person named belo	ow by enclosing a copy in an envelope
 depositing the sealed envelope with the United State with the postage fully prepaid. 	es Postal Service on the	date and at the place shown in item 4,
b. X placing the envelope for collection and mailing on the business practices. I am readily familiar with this bus mailing. On the same day that correspondence is placourse of business with the United States Postal Serv	siness's practice for collect aced for collection and ma	ting and processing correspondence for illing, it is deposited in the ordinary
4. a. Date mailed: November 25, 2024 b. Place mailed (city)	, state): Chino Hills, C	A
5. X I served, with the Notice of Petition to Administer Estate,	a copy of the petition or o	ther document referred to in the notice.
I declare under penalty of perjury under the laws of the State of Cali	ifornia that the foregoing i	s true and correct.
Date: November 25, 2024	-	
Gabby Abarca	→ Ga	bby Abarca
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)		OF PERSON COMPLETING THIS FORM)
NAME AND ADDRESS OF EACH PER	RSON TO WHOM NOTIC	E WAS MAILED
Name of person served	ddress (number street c	ity state and zin code)

	Name of person served	Address (number, street, city, state, and zip code)	
1.	Diana Garcia	West Valley Detention Center 9500 Etiwanda Ave. Rancho Cucamonga, CA 91739	
2.			
3.			
4.			
5.			
6.			
	Continued on an attachment. (You may use form DE-121(MA) to show additional persons served.)		

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Order (form MC-410). (Civil Code section 54.8.)

