

## NOTICE OF ADMINISTRATION OF THE ESTATE OF

Miguel Gaucin Saucedo

(NAME)

### DECEDENT

### NOTICE TO CREDITORS

1. (Name): Rita Marie Saucedo-Almanza  
(Address): 8115 Tapia Via Drive  
Rancho Cucamonga, CA 91730  
  
(Telephone): (909) 957-2532  
is the **personal representative** of the **ESTATE OF** (name): Miguel Gaucin Saucedo, who is deceased.
2. The personal representative HAS BEGUN ADMINISTRATION of the decedent's estate in the
  - a. **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** (specify): San Bernardino  
STREET ADDRESS: 17780 Arrow Blvd.  
MAILING ADDRESS: 17780 Arrow Blvd.  
CITY AND ZIP CODE: Fontana 92335  
BRANCH NAME: Fontana District
  - b. Case number (specify): PROVA2400207
3. You must **FILE YOUR CLAIM** with the court clerk (address in item 2a) AND mail or deliver a copy to the personal representative before the **last to occur** of the following dates:
  - a. **four months** after (date): April 17, 2024, the date letters (authority to act for the estate) were first issued to a general personal representative, as defined in subdivision (b) of section 58 of the California Probate Code, **OR**
  - b. **60 days** after (date): June 3, 2024, the date this notice was mailed or personally delivered to you.
4. **LATE CLAIMS:** If you do not file your claim within the time required by law, you must file a petition with the court for permission to file a late claim as provided in Probate Code section 9103. Not all claims are eligible for additional time to file. See section 9103(a).

**EFFECT OF OTHER LAWS:** 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.

**WHERE TO GET A CREDITOR'S CLAIM FORM:** If a *Creditor's Claim* (form DE-172) did not accompany this notice, you may obtain a copy of the form from any superior court clerk or from the person who sent you this notice. You may also access a fillable version of the form on the Internet at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) under the form group Probate—Decedents' Estates. A letter to the court stating your claim is *not* sufficient.

**FAILURE TO FILE A CLAIM:** Failure to file a claim with the court and serve a copy of the claim on the personal representative will in most instances invalidate your claim.

**IF YOU MAIL YOUR CLAIM:** If you use the mail to file your claim with the court, for your protection you should send your claim by certified mail, with return receipt requested. If you use the mail to serve a copy of your claim on the personal representative, you should also use certified mail.

**Note:** To assist the creditor and the court, please send a blank copy of the *Creditor's Claim* form with this notice.

(Proof of Service by Mail on reverse)

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ESTATE OF (Name):

*MIGUEL GALICIN SALLADO*

CASE NUMBER:

*PROVA2400207*

DECEDENT

[Optional]

## PROOF OF SERVICE BY MAIL

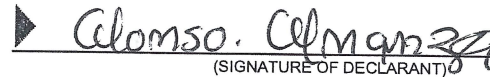
1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify):  
8115 Tapia Via Drive  
Rancho Cucamonga, CA 91730
3. I served the foregoing *Notice of Administration to Creditors* ☒ and a blank *Creditor's Claim* form\* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - a. ☒ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date of deposit: June 3, 2024      b. Place of deposit (city and state): Rancho Cucamonga, CA

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: June 3, 2024

Alonso Almanza

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

## NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person

Address (number, street, city, state, and zip code)

- |    |                      |                               |
|----|----------------------|-------------------------------|
| 1. | Chaffey Credit Union | P.O. Box 700 Upland, CA 91785 |
| 2. |                      |                               |
| 3. |                      |                               |
| 4. |                      |                               |
| 5. |                      |                               |
| 6. |                      |                               |
| 7. |                      |                               |
| 8. |                      |                               |

☐ List of names and addresses continued in attachment. (You may use form POS-30(P) to show additional persons to whom a copy of this notice was mailed. Do not use page 2 of this form or form POS-030(P) to show that you personally delivered a copy of this notice to a creditor. You may use forms POS-020 and POS-020(P) for that purpose.)

\* **NOTE:** To assist the creditor and the court, please send a blank copy of the Creditor's Claim (form DE-172) with the notice.