	DE-12
ATTORNEY OR PARTY MITHOUT ATTORNEY (Name, State Bar number, and address): Mark W. Regus II (279653)	FOR COURT USE ONLY
Law Office of Mark W. Regus II	
1365 W. Foothill Blvd., Ste. 2	
Upland, CA 91786	
TELEPHONE NO.: 9099382289 FAX NO. (Optional): E-MAIL ADDRESS (Optional): mark@reguslaw.com	
E-MAIL ADDRESS (Optional): mark@reguslaw.com ATTORNEY FOR (Name): Cynthia Jones Stukey	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO	
STREET ADDRESS: 17780 Arrow Blvd.	
MAILING ADDRESS: Same	
CITY AND ZIP CODE: Fontana 92335	
BRANCH NAME: Fontana District	
ESTATE OF (Name): Norma Hiner Jones aka Norma Jean Jones	
	·
NOTICE OF PETITION TO ADMINISTER ESTATE OF	CASE NUMBER:
(Name): Norma Hiner Jones aka Norma Jean Jones	
	PROVA2300083
1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be	pe interested in the will or estate,
or both, of <i>(specify all names by which the decedent was known):</i> Norma Hiner Jones aka Norma Jean Jones	
2. A Petition for Probate has been filed by (name of petitioner): Cynthia Jones Stukey in the Supprior Court of Colifornia, Colifo	
in the Superior Court of California, County of (specify): San Bernardino	
3. The Petition for Probate requests that <i>(name)</i> : Cynthia Jones Stukey 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 Admir	nistration of Estates Act. (This authority
will allow the personal representative to take many actions without obtaining court an important actions, however, the personal representative will be required to give notic	proval. Before taking certain very
have waived notice or consented to the proposed action.) The independent administr	ration authority will be granted unless an
interested person files an objection to the petition and shows good cause why the co 6. A hearing on the petition will be held in this court as follows:	urt should not grant the authority.
a. Date: 12/27/23 Time: 9:00 a.m. Dept.: F2 Roo	om:
b. Address of court: same as noted above other (specify):	
other (specify).	
7. If you object to the granting of the petition, you should appear at the hearing and state you	r phiagraph or file written shipetions
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 w	vith the court and mail a copy to the
personal representative appointed by the court within the later of either (1) four months from a general personal representative, as defined in section 58(b) of the California Probate Cod	om the date of first issuance of letters to
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. You may examine the file kept by the court. If you are a person interested in the estate, y 	er waa
Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of estate	e 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): Mark W. Regus II	
(Address): 1365 W. Foothill Blvd., Ste. 2, Upland, CA 91786	
(Telephone): 9099382289	
NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER F	STATE, 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 the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses or the material on page 2	ast 7-noint type. Print the case number as part of

or the material on page 2.

ESTATE OF (Name): Norma Hiner Jones aka Norma Jean Jones	1	ASE NUMBER: PROVA2300083
DECEDE	NT	

		PROOF OF SERVICE BY MAIL			
1. 2.	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. My residence or business address is <i>(specify):</i> 1365 W. Foothill Blvd., Ste. 2, Upland, CA 91786				
3.	I served the foregoing Notice of Petition to Administer Estate on each person named below by enclosing a copy in an envelope addressed as shown below AND				
	 depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid. 				
	business practices. I am reac mailing. On the same day tha	ection and mailing on the date and at the place shown in item 4 following our ordinary dily familiar with this business's practice for collecting and processing correspondence for at correspondence is placed for collection and mailing, it is deposited in the ordinary nited States Postal Service, in a sealed envelope with postage fully prepaid.			
4.	a. Date mailed: 11/16/2023 b. Place mailed (city, state): Upland, CA				
5.	I served, with the Notice of Petition	n to Administer Estate, a copy of the petition or other document referred to in the notice.			
l de	eclare under penalty of perjury under the	laws of the State of California that the foregoing is true and correct.			
Dat	te: 11/16/2023				
Ma	ark W. Regus II				
	(TYPE OR PRINT NAME OF PERSON COMPLETING THIS	S FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)			
	NAME AND AD	DRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED			
	Name of person served	Address (number, street, city, state, and zip code)			
1.	Cynthia Jones Stukey	11098 Cloverdale Ct., Rancho Cucamonga, CA 91730			
2.	Juvenile Diabetes Foundation Los Angeles Chaper	1391 Warner Ave., Ste. D, Tustin, CA 92780			
3.	Shaylene Cortez	925 Queensdale Ave., Corona, CA 92878			
4.	Juvenile Diabetes Research Foundation New York Chapter	200 Vesey St., 28th Floor, New York, NY 10281			
5.	Juvenile Diabetes Research Foundation	PO Box 5021, Hagerstown, MD 21741-5021			
6.					
	Continued on an attachment. (You	ou may use form DE-121(MA) to show additional persons served.)			
		esisted real-time captioning, or sign language interpreter services are 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.)

