

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: John Delap III FIRM NAME: STREET ADDRESS: 1267 Summer Dawn Avenue CITY: Henderson STATE: NV ZIP CODE: 89014 TELEPHONE NO.: 702686931 FAX NO.: E-MAIL ADDRESS: treydelap@pm.me ATTORNEY FOR (name): Pro Se	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 4/26/2024 5:41 PM By: Angeline Garcia, DEPUTY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 14455 Civic Dr, Victorville, CA 92392 MAILING ADDRESS: 14455 Civic Dr, Victorville, CA 92392 CITY AND ZIP CODE: Victorville 92392 BRANCH NAME: Probate			
ESTATE OF (name): John Elliot Delap Jr	DECEDENT		
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: PROVV2400174 <table style="width: 100%;"> <tr> <td style="width: 70%;">HEARING DATE AND TIME: 7/26/24 9:00AM</td> <td style="width: 30%;">DEPT.: V12</td> </tr> </table>	HEARING DATE AND TIME: 7/26/24 9:00AM	DEPT.: V12
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1. Publication will be in (specify name of newspaper): **San Bernardino City News**

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

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

John Delap III

requests that

a. ☐ decedent's will and codicils, if any, be admitted to probate.

b. (name): **John Delap III**

(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):

be appointed

3. a. Decedent died on (date): **02/14/2024** at (place): **9736 11th Avenue, Hesperia, CA 92345**

(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):

45872 Deva Lane, Newberry Springs, San Bernardino, CA, 92365