	DE-121
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Adam Lunt	FOR COURT USE ONLY
3372 Sepulveda Avenue	
San Bernardino, CA 92404	
TELEPHONE NO.: (909) 520-6614 FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): Adam Lunt	1
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 WEST THIRD STREET	
MAILING ADDRESS: 247 WEST THIRD STREET	
CITY AND ZIP CODE: SAN BERNARDINO, CA 92415	
BRANCH NAME: SAN BERNARDINO JUSTICE CENTER	-
ESTATE OF (Name): John Russell Lunt	
DECEDENT	CASE NUMBER:
NOTICE OF PETITION TO ADMINISTER ESTATE OF	PROSB2300691
(Name): John Russell Lunt	
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):	
John Russell Lunt	
2. A Petition for Probate has been filed by (name of petitioner): Adam Lunt	
in the Superior Court of California, County of (specify): San Bernardino	
<ol> <li>The Petition for Probate requests that (name): Adam Lunt be appointed as personal representative to administer the estate of the decedent.</li> </ol>	
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. X The petition requests authority to administer the estate under the Independent Adm will allow the personal representative to take many actions without obtaining court a important actions, however, the personal representative will be required to give notion have waived notice or consented to the proposed action.) The independent administrates interested person files an objection to the petition and shows good cause why the contents of the petition and shows good cause where the petition and the petition and the pet	pproval. Before taking certain very ce to interested persons unless they tration authority will be granted unless ar
6. A hearing on the petition will be held in this court as follows:	
	om:
b. Address of court:  x same as noted above other (specify):	
7. <b>If you object</b> to the granting of the petition, you should appear at the hearing and state yo	ur 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 for a general personal representative, as defined in section 58(b) of the California Probate Co	ode, or (2) <b>60 days</b> from the date of
mailing or personal delivery to you of a notice under section 9052 of the California Probate	e Code.
Other California statutes and legal authority may affect your rights as a creditor. You	i may want to consult with an attorney
<ul> <li>knowledgeable in California law.</li> <li>You may examine the file kept by the court. If you are a person interested in the estate,</li> </ul>	you may file with the court a
Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of esta	ate assets or of any petition of account a
provided in Probate Code section 1250. A Request for Special Notice form is available fro	m the court cierk.
10. x Petitioner Attorney for petitioner (name):	
Adam Lunt (Address): 3372 Sepulveda Avenue, San Bernardino, CA 924	04
(, lad, 100), 55/2 Departed 11/61/40, 241/201141 5-1-10, 101/40	,
(Telephone): (909) 520-6614	OTATE and do not wint the information from the
NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER E 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	ist 7-point type. Print the case number as part of , the paragraph numbers, the mailing information,
or the material on page 2.	Page 1 of 2

ESTATE OF (Name): John Russell Lunt	CASE NUMBER:	
DECEDENT	PROSB2300691	
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): 34033 Castle Pines Drive Yucaipa, Ca 92399 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. 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 this 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 mailed: DC/13/2023 b. Place mailed (city, state): Yucaipa, CA 5. x I served, with the Notice of Petition to Administer Estate, a copy of the petition or other document referred to in the notice. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: (SIGNATURE OF PERSON COMPLETING THIS FORM) (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED Address (number, street, city, state, and zip code) Name of person served 3372 Sepulveda Avenue 1. San Bernardino, Ca 92404 Adam Lunt 2. 2277 North 350 East St. George, UT 84790 Emily Williams 3. 3372 Sepulveda Avenue San Bernardino, Ca 92404 Audrey Lunt P.O. Box 2952, MS A-454 4. Sacramento, CA 95812-0479 Franchise Tax Board Estate Recovery Unit 5. P.O. Box 997425, MS 4720 Dept. of Health Care Srvs. Sacramento, CA 95899-7425

P.O. Box 1348 Victim Compensation Board Sacramento, CA 95812-1348 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.)



Revenue Recovery and Accounting Division

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