ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	DE-12
LAW OFFICES OF DUANE P. BOOTH 555 NORTH D STREET, SUITE 110 SAN BERNARDINO, CALIFORNIA 92401 TELEPHONE NO.: (909) 888-7895	FOR COURT USE ONLY
	FILED
SUPERIOR COURT OF CALIFORNIA COUNTY OF CANA	SUPERIOR COURT COUNTY OF SAN BERNARDINO SAN BERN-RDINO DISTRICT
STREET ADDRESS: 17780 ARROW BLVD MAILING ADDRESS: 17780 ARROW BLVD	APR 1 8 2024
CITY AND ZIP CODE: FONTANA, CALIFORNIA 92335 BRANCH NAME: PROBATE DIVISION	Comanda Coman
ESTATE OF (Name):	Amanda Rome@EPUTY
EVALINA EUNICE RHYMES aka EVALINA E. RHYMES,	A TIGING ROMERCHUTY
NOTICE OF PETITION TO ADMINISTED FOR THE DECEDENT	г
EVALINA EUNICE RHYMES aka EVALINA E. RHYMES	CASE NUMBER: PROVA2400088
To all heirs, beneficiaries, creditors, contingent creditors, and persons who may other or both, of (specify all names by which the decedent was known): EVALINA EUN RHYMES, EVALINA RHYMES	rwise be interested in the will or estate, NICE RHYMES aka EVALINA E
A Position for P	

- 2. A Petition for Probate has been filed by (name of petitioner): ROLISHA RAY in the Superior Court of California, County of (specify): SAN BERNARDINO
- 3. The Petition for Probate requests that (name): ROLISHA RAY 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
- The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.

. Date:	AUGUST	13.			9:00				nould not grant the authority.	
-							Dept.:	F-1	Room:	
. Addre	ss of court:	X sa	me as note	ed above	othe	r (specify) ·			

- 7. If you object to the granting of the petition, you should appear at the hearing and state your 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 from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) 60 days from the date of 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

9. You may examine the file kept by the court. If you are a person interested in the estate, you may file with the court a Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of estate 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		ey for petitione	ringmali	1 1 1 1 7	ATIT TO	T ~ ~ ~ ~ ~		
(Address): 555	NORTH D	STREET,	SUITE	110,	SAN	BERNARDI	ESQ.	A 92401

(Telephone): 909-888-7895

NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, 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 7-point type. Print the case number as part of or the material on page 2. Form Adopted for Mandatory Use

Page 1 of 2

EVALIN	Wame): A EUNICE A RHYMES	RHYMEC	~ l- ~	D117 T T12-	_		CASE NUMBER:
EVALIN	A RHYMES			FAMTINA	Ε,	RHYMES, DECEDENT	PROVA2400088
l am over th	16 and of 10 an		P	PROOF OF S	ERV	CE BY MAIL	
555 NOF	e or business a RTH D STR RNARDINO,	EET CII	ITE	cause. I am a i 110	reside	ent of or employed	in the county where the mailing occurred.
served the addressed a	foregoing <i>Notic</i> is shown below	e of Petition	401 to Adm	ninister Estate	on ea	ich person named l	below by enclosing a copy in an envelope
with	ositing the sea the postage full ing the opvolve	led envelope ly prepaid.	with th	e United State	s Pos	stal Service on the	date and at the place shown in item 4,
cour	ng. On the sam se of business	ne day that co with the Unite	orrespo ed State	endence is plac es Postal Servi		bractice to Collec	hown in item 4 following our ordinary ting and processing correspondence for illing, it is deposited in the ordinary with postage fully prepaid.
a. Date ma	iled: Upu	e 12,	20.	24 b.	Place	e mailed (city, state	e): SAN BERNARDINO. CA
X i served	with the Notic	e of Petition	to Adm.	inister Estate	a con	V of the notition	other document referred to in the notice.
Tales	20222	y ander me i	aws of	the State of Ca	aliforn	lia that the foregoin	on in true and and a
I also e Evalin ROL A I	served a Rhymes :	COPY OF 1994 True	the st, o	Notifical dtd 04/03	aliforn tior /201	ia that the foregoing by Trustee 18, previous	ag is true and correct. per First Amended and Res ly on February 5, 2024. ALGUMAN RNATURE OF PERSON COMPLETING THE COLUMN RNATURE OF PERSON COLUMN RNATUR
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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.)



 te Gua EVALINA EVALINA	TONICE	KHYMES	/ATORS	SHIP MA EVALINA	TTER E.	OF RHYMES	DE-120(MA)/GC-020(MA) CASE NUMBER PROVA 2 4 0 0 0 8 8	<u>)</u>

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

<u>No.</u>	Name of person served	WAS MAILED
_ 6.		Address (number, street, city, state, and zip code)
	Tarizamion CROSS	9 WEST COKER ROAD
		YEOVIL, SOMERSET
7	INDIA CROSS	BA20 20LX ENGLAND
	THEIR CROSS	9 WEST COKER ROAD
		YEOVIL, SOMERSET
_8.	WINTER DAVIS	BA20 20LX ENGLAND
	WINIER DAVIS	C/O TABITHA WILLIAMS
		306 S. ANTEROS
9.	TREASURE DAVIS	STOCKTON, CA 95215
	TREASURE DAVIS	C/O TABITHA WILLIAMS
		306 S. ANTEROS
10.	CHRISTINA EDWARDS	STOCKTON, CA 95215
	ALTERNATE EXECUTOR	1575 HOME AVENUE
	EXECUTOR	SAN BERNARDINO, CA 92411
11.	DAMANJIT SRA	
	SUCCESSOR TRUSTEE	2936 ALICE COURT
	THE STATE OF THE S	FREMONT, CA 94539
12.	DARIEN ORDONEZ SMITH	
	SINCIDIA ORDONEZ SMITH	3516 HARRISON ST, OAKLAND CA 94611
		31 34011
13.	DARTANYON ALEXIS SIU	
	SMITH ALEXIS SIU	5 KINKAID ST, ALAMEDA, CA 94501
14.	XUJENE ALEXIS SMITH	
_	THE STATE OF THE S	3449 ALEXIS AVE, CERES, CA 95307
15.	LEXIE ALEXIS SMITH	
	TONTO TWICKIS SMITH	4021 NORTH RIVERVIEW AVE, APT 202,
Į		TAMPA FL 33607
16.	WILLIAM LAMAR DAVIS	
		DECEASED
Į	REBA HAMILTON	DECEASED
18	JOE ESTRADA, ESQ.	
		P.O. BOX 3397
		BEAUMONT, CA 92223