

DE-111

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 315988 NAME: Michael Ortiz FIRM NAME: Ortiz Law STREET ADDRESS: 2741 Hamner Avenue, Suite 202 CITY: Norco TELEPHONE NO.: 951-289-4143 E-MAIL ADDRESS: Mike@MikeOrtizLaw.com ATTORNEY FOR (name): Joshilyn Chang		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT MAR 14 2023 <i>DiAnna Verdugo</i>	
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, 92415 BRANCH NAME: Probate Division			
ESTATE OF (name): Surela L. Francie 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"/> with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input checked="" 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: PROB2300310 HEARING DATE AND TIME: APR 25 2023 9:00AM DEPT.: S35	

1. Publication will be in (specify name of newspaper): Press Enterprise

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

2. Petitioner (name each):
Joshilyn Chang

requests that

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

b. (name): Joshilyn Chang

- (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):

3. a. Decedent died on (date): 01/03/2023 at (place): San Bernardino

- (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):

1354 W Congress St
 San Bernardino, CA 92410

DOUGLAS MANN

NOTICE: This Case is assigned to Dept. S35
 for all purposes and is subject to CCP 170.6(2)

be appointed