

COPY

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ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 171787 NAME: WILLIAM M. NASSAR, ESQ. FIRM NAME: WILLIAM M. NASSAR & ASSOCIATES STREET ADDRESS: 1461 FORD STREET, STE. 203 CITY: REDLANDS STATE: CA ZIP CODE: 92373-3909 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): ROBERT CHARLES GARCIA		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT FEB 28 2023 BY <u>Brittney Spears</u> BRITTNEY SPEARS, DEPUTY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. THIRD STREET MAILING ADDRESS: 247 W. THIRD STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415 BRANCH NAME: SAN BERNARDINO DISTRICT - PROBATE DIVISION			
ESTATE OF (name): HELEN MARIE GARCIA 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 with Will Annexed <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: PROSB2300243 HEARING DATE AND TIME: 9:00 a.m. MAY 02 2023 DEPT.: 535	

- Publication will be in (specify name of newspaper): American News
a. ☐ Publication requested.
b. ☒ Publication to be arranged.
- Petitioner (name each):
ROBERT CHARLES GARCIA

NOTICE: This Case is assigned to Dept. 535
for all purposes and is subject to CCP 170.6(2)

requests that

- ☐ decedent's will and codicils, if any, be admitted to probate.
- (name): ROBERT CHARLES GARCIA
(1) ☐ executor
(2) ☐ administrator with will annexed
(3) ☒ administrator
(4) ☐ special administrator ☐ with general powers
and Letters issue upon qualification.
- ☒ full ☐ limited authority be granted to administer under the Independent Administration of Estates Act.
- (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

COPY OF DECEDENT'S DEATH CERTIFICATE ATTACHED AS EXHIBIT A

- Decedent died on (date): 1/24/2023 at (place): Mentone, San Bernardino County, California
(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):
- ☐ Decedent was a citizen of a country other than the United States (specify country):
- Street address, city, and county of decedent's residence at time of death (specify):
10215 Agate Ave, Mentone, San Bernardino County, California 92359

ESTATE OF (name):	HELEN MARIE GARCIA DECEDENT	CASE NUMBER:
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3. d. **Character and estimated value of the property of the estate** (complete in all cases):

- (1) Personal property: \$200,000.00
- (2) Annual gross income from
- (a) real property: \$
- (b) personal property: \$
- (3) **Subtotal** (add (1) and (2)): \$ _____
- (4) Gross fair market value of real property: \$500,000.00
- (5) (Less) Encumbrances: (\$167,000.00)
- (6) Net value of real property: \$333,000.00
- (7) **Total** (add (3) and (6)): \$533,000.00

- e. (1) ☐ Will waives bond. ☐ Special administrator is the named executor, and the will waives bond.
- (2) ☐ All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)
- (3) ☐ All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency.

- f. (1) ☒ Decedent died intestate.
- (2) ☐ Copy of decedent's will dated: ☐ codicil dated (specify for each):

are affixed as Attachment 3f(2). (Include typed copies of handwritten documents and English translations of foreign-language documents.)

☐ The will and all codicils are self-proving (Prob. Code, § 8220).

- (3) ☐ The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)

g. **Appointment of personal representative** (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:
- (a) ☐ Proposed executor is named as executor in the will and consents to act.
- (b) ☐ No executor is named in the will.
- (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(1)(c).)
- (d) ☐ Other named executors will not act because of ☐ death ☐ declination ☐ other reasons (specify):

☐ Continued in Attachment 3g(1)(d).

- (2) Appointment of administrator:
- (a) ☒ Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3g(2)(a).)
- (b) ☐ Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(2)(b).)
- (c) ☒ Petitioner is related to the decedent as (specify): Brother
- (3) ☐ Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3g(3).)
- (4) ☐ Proposed personal representative would be a successor personal representative.

h. Proposed personal representative is a

- (1) ☐ resident of California.
- (2) ☒ nonresident of California (specify permanent address):
5517 AJ Miller Rd
Las Cruces, NM 88011

- (3) ☒ resident of the United States.
- (4) ☐ nonresident of the United States.

ESTATE OF (name):

HELEN MARIE GARCIA
DECEDENT

CASE NUMBER:

4. ☐ Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) ☐ spouse.
 - (2) ☒ no spouse as follows:
 - (a) ☒ divorced or never married.
 - (b) ☐ spouse deceased.
 - (3) ☐ registered domestic partner.
 - (4) ☒ no registered domestic partner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
 - (5) ☐ child as follows:
 - (a) ☐ natural or adopted.
 - (b) ☐ natural adopted by a third party.
 - (6) ☒ no child.
 - (7) ☐ issue of a predeceased child.
 - (8) ☒ no issue of a predeceased child.
- b. Decedent ☐ was ☒ was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the **first** box that applies):
- a. ☐ Decedent was survived by a parent or parents who are listed in item 8.
 - b. ☒ Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
 - c. ☐ Decedent was survived by a grandparent or grandparents who are listed in item 8.
 - d. ☐ Decedent was survived by issue of grandparents, all of whom are listed in item 8.
 - e. ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
 - f. ☐ Decedent was survived by next of kin, all of whom are listed in item 8.
 - g. ☐ Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
 - h. ☐ Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. ☒ Decedent had no predeceased spouse.
 - b. ☐ Decedent had a predeceased spouse who
 - (1) ☐ died not more than 15 years before decedent and who owned an interest in **real property** that passed to decedent,
 - (2) ☐ died not more than five years before decedent and who owned **personal property** valued at \$10,000 or more that passed to decedent, (If you checked (1) or (2), check only the **first** box that applies):
 - (a) ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
 - (b) ☐ Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
 - (c) ☐ Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
 - (d) ☐ Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
 - (e) ☐ Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
 - (3) ☐ neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

ESTATE OF (name):	HELEN MARIE GARCIA DECEDENT	CASE NUMBER:
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8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
ROBERT CHARLES GARCIA, Brother	ADULT	5517 AJ Miller Rd Las Cruces, NM 88011
MICHAEL GARCIA, Brother	ADULT	4804 Rail Runner Rd C201 Santa Fe, NM 87507

☐ Continued on Attachment 8.

9. Number of pages attached: 2

Date: 2/18/2023

William M. Nassar

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY) * CRC 2.305(d)

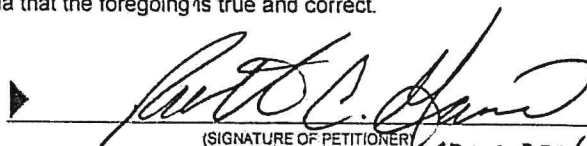
* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 7020, 1021; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 2/18/23

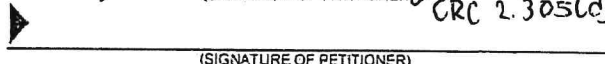
ROBERT CHARLES GARCIA

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER) * CRC 2.305(d)

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

EXHIBIT A - DEATH CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202336001076

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HELEN		2. MIDDLE MARIE	
3. LAST (Birth Name) GARCIA		4. DATE OF BIRTH mm/dd/yyyy 05/18/1954	
5. AGE Yrs. 68		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY NM		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. BIRTH STATE/FOREIGN COUNTRY NM		10. MARITAL STATUS (at Time of Death) NEVER MARRIED	
11. DATE OF DEATH mm/dd/yyyy 01/24/2023		12. HOUR 1705 FND	
13. EDUCATION - Highest Level (Degrees) DOCTORATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see note sheet on back) YES	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION	
19. YEARS IN OCCUPATION 25		20. DECEDENT'S RESIDENCE (Street and number, or location) 10215 AGATE AVENUE	
21. CITY MENTONE		22. COUNTY/PROVINCE SAN BERNARDINO	
23. ZIP CODE 92359		24. YEARS IN COUNTY 25	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ROBERT GARCIA, BROTHER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5517 AJ MILLER RD., LAS CRUCES, NM 88011		28. NAME OF SURVIVING SPOUSE/SPOUSE-First -	
29. MIDDLE -		30. LAST (Birth Name) -	
31. NAME OF FATHER/PARENT-First LEO		32. MIDDLE A	
33. LAST GARCIA		34. BIRTH STATE NM	
35. NAME OF MOTHER/PARENT-First MARY LENA		36. MIDDLE -	
37. LAST (Birth Name) GALLEGOS		38. BIRTH STATE CO	
39. DISPOSITION DATE mm/dd/yyyy 02/03/2023		40. PLACE OF FINAL DISPOSITION RES. OF ROBERT GARCIA 5517-AJ MILLER RD., LAS CRUCES, NM 88011	
41. TYPE OF DISPOSITION CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT EMMERSON-BARTLETT MEMORIAL CHAPEL	
45. LICENSE NUMBER FD698		46. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD	
47. DATE mm/dd/yyyy 02/03/2023		48. PLACE OF DEATH FOUND AT RESIDENCE	
49. IF HOUSING SPECIFY ONE [] HOME [] DORM [] DOA [] HOSPITAL [] NURSING HOME [] LTC [] OTHER		50. IF OTHER THAN HOSPITAL, SPECIFY ONE [] Home [] LTC [] Other	
51. COUNTY SAN BERNARDINO		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10215 AGATE AVENUE	
53. CITY MENTONE		54. CAUSE OF DEATH IMMEDIATE CAUSE: IN PENDING	
55. CAUSE OF DEATH Final disease or condition resulting in death		56. DEATH REPORTED TO CORONER? YES	
57. CAUSE OF DEATH Underlying cause of death		58. DEATH REPORTED TO CORONER? NO	
59. CAUSE OF DEATH Other significant conditions contributing to death but not resulting in the underlying cause given in 107		60. DEATH REPORTED TO CORONER? NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		62. DEATH REPORTED TO CORONER? NO	
63. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deceased Last Seen Alive		64. SIGNATURE AND TITLE OF CERTIFIER MICHAEL A. SEQUEIRA, MD	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE -		66. LICENSE NUMBER -	
67. DATE mm/dd/yyyy 02/01/2023		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REBECCA M LONDON, DEP CORONER	
69. MANNER OF DEATH Natural [] Accidental [] Homicide [] Suicide [] Pending [] Unnatural []		70. INJURED AT WORK? NO	
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) -		72. INJURY DATE mm/dd/yyyy -	
73. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) -		74. HOUR (24 Hours) -	
75. LOCATION OF INJURY (Street and number, or location, and city, and zip) -		76. SIGNATURE OF CORONER / DEPUTY CORONER REBECCA M LONDON	
77. DATE mm/dd/yyyy 02/01/2023		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REBECCA M LONDON, DEP CORONER	
79. STATE REGISTRAR A B C D E		80. FAX AUTH. -	
81. CENSUS TRACT -		82. CENSUS TRACT -	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

FEB 08 2023

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Michael A. Sequeira MD
MICHAEL A. SEQUEIRA, M.D.
COUNTY HEALTH OFFICERREGISTRAR OF VITAL STATISTICS
PRSCD (H&V) 001

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE