

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 192624 NAME: Antoniette Jauregui FIRM NAME: Law Office of Antoniette Jauregui STREET ADDRESS: 1894 Commercenter Dr. W 108 CITY: San Bernardino STATE: CA ZIP CODE: 92408 TELEPHONE NO.: (909) 890-2350 FAX NO.: (909) 890-0106 E-MAIL ADDRESS: ATTORNEY FOR (name): Maria Luisa O'Connell	<b>FOR COURT USE ONLY</b>  <div style="color: blue; font-weight: bold; font-size: 1.2em;">FILED</div> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO  <div style="color: blue; font-weight: bold; font-size: 1.2em;">MAY 15 2025</div> <div style="color: blue; font-style: italic;">Zaynah Gaji</div> BY <u>Zaynah Gaji</u> Deputy				
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: 17780 Arrow Blvd MAILING ADDRESS: SAME CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Probate Division					
ESTATE OF (name): Margaret Patricia Del Real <div style="text-align: right;">DECEDENT</div>					
<b>PETITION FOR</b> <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: <div style="font-weight: bold; font-size: 1.1em;">PROVA2500416</div>  <table style="width: 100%;"> <tr> <td style="width: 60%;">HEARING DATE AND TIME:</td> <td style="width: 40%;">DEPT.:</td> </tr> <tr> <td>JUN 18 2025 9:00AM</td> <td>F3</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:	JUN 18 2025 9:00AM	F3
HEARING DATE AND TIME:	DEPT.:				
JUN 18 2025 9:00AM	F3				

1. Publication will be in (specify name of newspaper): Colton City News
- a. ☐ Publication requested.
- b. ☒ Publication to be arranged.
2. **Petitioner (name each):**  
 Maria Luisa O'Connell

Michelle H. Gilleece

NOTICE: This Case is assigned to Dept F3  
 for all purposes and is subject to CCP 170.6(2)

**requests that**

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Maria Luisa O'Connell be appointed
- (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) ☒ \$75,000.00 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) ☒ \$All Sales Proceeds in deposits in a blocked account be allowed. Receipts will be filed.  
 (Specify institution and location):  
 Pacific Premier Bank. 302 W 2nd Street San Bernardino, CA 92401
3. a. Decedent died on (date): 01/08/2025 at (place): LOMA LINDA, 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):
- 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):  
 2255 CAHUILLA STREET # 135, COLTON, CA 92324, COUNTY OF SAN BERNARDINO

ESTATE OF (name):

Margaret Patricia Del Real  
DECEDENT

CASE NUMBER:

3. d. **Character and estimated value of the property of the estate** (complete in all cases):

- (1) Personal property: \$5000.00
- (2) Annual gross income from
- (a) real property: \$ -0-
- (b) personal property: \$ -0-
- (3) **Subtotal** (add (1) and (2)): \$ 5,000.00
- (4) Gross fair market value of real property: \$ 275,500.00
- (5) (Less) Encumbrances: (\$ 81,844.68 )
- (6) Net value of real property: \$ 193,655.32
- (7) **Total** (add (3) and (6)): \$ 198,655.32

- 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): DAUGHTER

- (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):

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

ESTATE OF (name):

Margaret Patricia Del Real  
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):

Margaret Patricia Del Real  
DECEDENT

CASE NUMBER:

8. Name and relationship to decedent	Age	Address
MARIA LUISA O'CONNELL- DAUGHTER	59	8051 TOWNSEND STREET RIVERSIDE, CA 92509
ANDREA O' CONNELL - DAUGHTER	52	5105 LOUISE STREET SAN BERNARDINO, CA 92407
MARC DEL REAL - SON	57	P.O. BOX 2001 RUNNING SPRINGS, CA 92382

☐ Continued on Attachment 8.

9. Number of pages attached: \_\_\_\_\_

Date: 5-13-2025

Antionette Jauregui

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY) \*

\* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 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: May 8, 2025

MARIA LUISA O'CONNELL

(TYPE OR PRINT NAME OF PETITIONER)



Maria O'Connell (May 8, 2025 14:11 PDT)

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

SHORT TITLE:

ESTATE OF MARGARET PATRICIA DEL REAL

CASE NUMBER:

ATTACHMENT (Number): 1

(This Attachment may be used with any Judicial Council form.)

Local Rule 20-613

Attached hereto is a copy of the vesting deed for decedent's real property.

Local Rule 20-615

Attached hereto is a copy of Decedent's death certificate with social security number redacted.

Local Rule 20-401

Petitioner request that a reduced bond based on the following:

- A. The estate is expected to be solvent.
- B. There are no known unsecured liabilities of the estate.
- C. Petitioner is unaware of any personal tax liability that decedent may have.
- D. Petitioner agrees to deposit all proceeds from the sale of real property in a blocked account.

Based on the foregoing, Petitioner is requesting a reduced bond in the amount of \$75,000.

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

Date: May 13, 2025By:   
Maria O'Connell (May 13, 2025 10:48 PDT)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page \_\_\_\_\_ of \_\_\_\_\_

(Add pages as required)

RECORDING REQUESTED BY

Lawyers Title Co.

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

Name Margaret P. delReal  
Address 2255 Cahuilla St., Unit 135  
Colton, Ca. 92324  
City & State

Recorded in Official Records, County of San Bernardino, Larry Walker, Recorder

Doc No. 20000224053  
08:00am 06/23/00

Lawyers B # 605

1	2	3	4	5	6	7	8	9	0
PG	FEE	APP	GRAS	PH CPY	CRT CPY	ADD NM	PEN PR	PCOR	
2	7	3							
NOW ST	LN	SVY	CIT-CO	TRANS TAX	DA	CHRG	EXAM		
			5 11	17.60		605	2		

TT-100 (Rev.1/97)

GRANT DEED

APN No. 164-512-90

Title No. 4003238-23

Escrow No. 7702-P

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 17.60

CITY TAX \$

☐ computed on full value of property conveyed, or

☒ computed on full value less value of liens or encumbrances remaining at time of sale,

☐ Unincorporated area: ☒ City of COLTON

, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Paula Wierson, a single woman, Julie Abbott, a married woman, Andrew Freitas, a single man who acquired title as Andrew Freitas and Theodore Freitas, an unmarried man who acquired title as Theodore Freitas

hereby GRANT(s) to

Margaret P. delReal, an unmarried woman

the following described real property in the City of Colton

County of San Bernardino, State of California:

SEE EXHIBIT "A" LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.

Dated: March 30, 2000

✓ Andrew Freitas  
Andrew Freitas

✓ Paula Wierson  
Paula Wierson

✓ Julie Abbott  
Julie Abbott

✓ Theodore Freitas  
Theodore Freitas

State of California Oregon

County of Multnomah

On 4-10-00 before me, Shawn D. Jensen (here insert name) Notary Public,

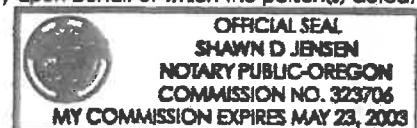
personally appeared Andrew Freitas, Paula Wierson, Julie Abbott & Theodore Freitas

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me all that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Shawn D. Jensen



dt: 5-23-2003

affix seal within border

MAIL TAX STATEMENTS AS DIRECTED ABOVE.

4003238

**LEGAL DESCRIPTION**

Parcel No. 1: An undivided 1/170th interest in and to Lot 1 of Tract No. 8761, in the City of Colton, County of San Bernardino, State of California, as per map recorded in Book 121, Pages 51 and 52, of Maps, records of said County.

Except Units 1 through 170 as shown upon the condominium plan recorded April 30, 1974, in Book 8420, Page 1311, Official Records.

Parcel No. 2: Unit 135, as shown on the Condominium Plan referred to in Parcel 1 above.

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# COUNTY of SAN BERNARDINO

## DEPARTMENT OF PUBLIC HEALTH

451 E. VANDERBILT WAY, SAN BERNARDINO, CA 92408

### CERTIFICATE OF DEATH

3202536000831

1. NAME OF DECEASED - FIRST, MIDDLE, LAST <b>MARGARET</b>		2. MIDDLE <b>PATRICIA</b>		3. LAST (Family) <b>DEL REAL</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>08/27/1946</b>				5. AGE Yrs <b>78</b>	6. SEX <b>F</b>
7. DATE OF DEATH mm/dd/yyyy <b>01/08/2025</b>					
8. HOURS (24 Hour) <b>2306</b>					
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of death) <b>DIVORCED</b>		13. DATE OF BIRTH mm/dd/yyyy <b>01/08/2025</b>			
14. EDUCATION - Highest Level (see instructions on back) <b>HS GRADUATE</b>		15. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) <b>MEXICAN AMERICAN</b>		16. YEARS OF OCCUPATION <b>60</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.) <b>OWN HOME</b>			
19. DECEASED'S RESIDENCE (Street and number, or location) <b>2255 CAHUILA STREET #135</b>					
20. CITY <b>COLTON</b>		21. COUNTY/PROVINCE <b>SAN BERNARDINO</b>		22. ZIP CODE <b>92324</b>	
23. YEARS IN COUNTY <b>30</b>		24. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>			
25. INFORMANT'S NAME, RELATIONSHIP <b>MARIA LUISA O'CONNELL, DAUGHTER</b>					
26. INFORMANT'S MAKING ADDRESS (Street and number, or real estate company or telephone area and number) <b>8051 TOWNSEND DRIVE, RIVERSIDE, CA 92509</b>					
27. NAME OF SPOUSE/SPOUSE-DECEASED <b>ANTONIO</b>		28. MIDDLE <b>E.</b>		29. LAST (BIRTH NAME) <b>ALONZO</b>	
30. BIRTH STATE <b>TX</b>		31. NAME OF SPOUSE/SPOUSE-DECEASED <b>RITA</b>		32. LAST (BIRTH NAME) <b>MARQUEZ</b>	
33. BIRTH STATE <b>AZ</b>		34. DATE OF BIRTH mm/dd/yyyy <b>01/30/2025</b>			
35. PLACE OF FINAL DISPOSITION <b>RESURRECTION CEMETERY</b>		36. PLACE OF FINAL DISPOSITION <b>966 POTRERO GRANDE DRIVE, ROSEMead, CA 91770</b>			
37. TYPE OF DISPOSITION <b>CREMATE/BURIAL</b>		38. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		39. LICENSE NUMBER <b>FD2150</b>	
40. NAME OF FUNERAL ESTABLISHMENT <b>SUNSET FUNERAL CARE</b>		41. SIGNATURE OF LOCAL REGISTRAR <b>SHARON WANG, DO</b>		42. DATE mm/dd/yyyy <b>01/29/2025</b>	
43. PLACE OF DEATH <b>LOMA LINDA UNIVERSITY MEDICAL CENTER</b>		44. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Other		45. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other	
46. COUNTY <b>SAN BERNARDINO</b>		47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>11234 ANDERSON ST</b>		48. CITY <b>LOMA LINDA</b>	
49. CAUSE OF DEATH <b>W CARDIOPULMONARY ARREST</b>		50. TIME BETWEEN ONSET OF DEATH <b>45 MINS</b>		51. DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
52. VENTRICULAR TACHYCARDIA <b>CONGESTIVE HEART FAILURE</b>		53. BODY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		54. SLUTTERY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
55. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		56. OTHER SIGNIFICANT CONDITIONS CONTRARY TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		58. DECEDENT PREGNANT LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
59. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED <b>09/13/2023</b>		60. SIGNATURE AND TITLE OF CERTIFIER <b>MOHAMED NASSAR, MD</b>		61. LICENSE NUMBER <b>6162298</b>	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MOHAMED NASSAR, MD</b>		63. DATE mm/dd/yyyy <b>01/29/2025</b>			
64. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED <b>09/13/2023</b>		65. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>255 TERRACINA BLVD STE 105, REDLANDS, CA 92373</b>		67. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
68. SIGNATURE OF CORONER / DEPUTY CORONER <b>[Signature]</b>		69. DATE mm/dd/yyyy <b>01/29/2025</b>		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>[Signature]</b>	

### CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

JAN 31 2025

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, M.D.  
COUNTY HEALTH OFFICER  
REGISTERAR OF VITAL STATISTICS

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

ANY ALTERATION OF THIS FORM INVALIDATES THE CERTIFICATE

