

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: <u>Premarin Ma</u> FIRM NAME: _____ STREET ADDRESS: <u>1574 Glenview St.</u> CITY: <u>San Bernardino</u> STATE: <u>CA</u> ZIP CODE: <u>92411</u> TELEPHONE NO.: <u>(909) 550-1800</u> FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): <u>Self-represented</u>		FOR COURT USE ONLY <div style="text-align: center;">FILED</div> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO <div style="text-align: center;">MAY 04 2023</div> BY: <u>Gabrina Munoz</u> , Deputy	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <u>San Bernardino</u> STREET ADDRESS: <u>247 West Third Street</u> MAILING ADDRESS: _____ CITY AND ZIP CODE: <u>San Bernardino CA, 92415-0212</u> BRANCH NAME: _____		CASE NUMBER: <u>770082300557</u> HEARING DATE AND TIME: <u>JUN 05 2023 9:00 a.m.</u> DEPT.: <u>S37</u>	
ESTATE OF (name): <u>Khamphiane Phommavanh</u> 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			

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

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

2. Petitioner (name each):

Premarin Ma

requests that

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

- b. (name):
- Premarin Ma

- (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): 04/12/2023 at (place): Community Hospital of 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):

1574 Glenview St, San Bernardino, San Bernardino

ESTATE OF (name): <u>Khamphiane Phommavanh</u>	CASE NUMBER: _____
DECEDENT	

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

- | | | |
|---|-----|---------------------|
| (1) Personal property: | \$ | 2,000.- |
| (2) Annual gross income from | | |
| (a) real property: | \$ | |
| (b) personal property: | \$ | |
| (3) Subtotal (add (1) and (2)): | \$ | <u>2,000.-</u> |
| (4) Gross fair market value of real property: | \$ | 420,000.- |
| (5) (Less) Encumbrances: | (\$ | <u>114,935.13</u>) |
| (6) Net value of real property: | \$ | <u>305,064.13</u> |
| (7) Total (add (3) and (6)): | \$ | <u>307,064.13</u> |

- 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): Spouse
- (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.