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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): Gracelda Ramirez		DE-111 FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT JUL 18 2023 BY <u>Angelica Segura</u> ANGELICA SEGURA, 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 92415 BRANCH NAME: San Bernardino Probate		ESTATE OF (name): Pete Macias 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 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: PROSB2300918 HEARING DATE AND TIME: 8-28-23 @ 9:00 DEPT.: S37	

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

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

2. Petitioner (name each):

Gracelda Ramirez

requests that

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

b. (name):

- (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): 05/13/2023 at (place): Ontario, San Bernardino, CA

- (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):
 336 2nd Ave, Upland, San Bernardino County, CA 91789

Candice Garcia-Rodrigo
 NOTICE: This Case is assigned to Dept S37
 for all purposes and is subject to CCP 170.6(2)