

- (Address):** 3697 Arlington Ave.
Riverside, CA 92506

NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

ESTATE OF (Name):

Leonel Arturo Avila Membreno

CASE NUMBER:

PROVA2300181

DECEDENT

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify): **3697 Arlington Ave.
Riverside, CA 92506**
3. I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
- a. ☒ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in Item 4, with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in Item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
4. a. Date mailed: **10/25/23** b. Place mailed (city, state): **Riverside, CA**
5. ☒ I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **10/25/23**

Benilda Duke

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILEDName of person servedAddress (number, street, city, state, and zip code)

1. Resident	1282 N Coral Tree Rd., Colton, CA 92324
2. Jose Daniel Madrid Membreno	1282 N Coral Tree Rd., Colton, CA 92324
3. Elizabeth Membreno	1282 N Coral Tree Rd., Colton, CA 92324
4. Leonel Avila Reyes	1282 N Coral Tree Rd., Colton, CA 92324
5. Consulate of Mexico	293 N D St, San Bernardino, CA 92401
6.	

☐ Continued on an attachment. (You may use form DE-121(MA) to show additional persons served.)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)

