

Amended Copy

DE-111

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.:</p> <p>NAME: Sandra Moran</p> <p>FIRM NAME:</p> <p>STREET ADDRESS: 836 N. Viceroy Ave.</p> <p>CITY: Covina STATE: CA ZIP CODE: 91723</p> <p>TELEPHONE NO.: 6265024999 FAX NO.:</p> <p>E-MAIL ADDRESS: sandym.2554@gmail.com</p> <p>ATTORNEY FOR (name):</p>	<p><b>FOR COURT USE ONLY</b></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernadino</b></p> <p>STREET ADDRESS: 11780 Arrow Boulavard</p> <p>MAILING ADDRESS: 11780 Arrow Boulavard</p> <p>CITY AND ZIP CODE: Fontana, CA., 92335</p> <p>BRANCH NAME: Fontana District</p>	
<p>ESTATE OF (name): Gregory Mayer aka Gregory Stanley Mayer</p> <p style="text-align: right;"><b>DECEDENT</b></p>	
<p><b>PETITION FOR</b></p> <p><input checked="" type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary</p> <p><input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed</p> <p><input type="checkbox"/> Letters of Administration</p> <p><input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers</p> <p><input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority</p>	<p>CASE NUMBER: PROSB2301006</p> <p>HEARING DATE AND TIME: 11-09-2023</p> <p>DEPT.: F3</p>

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

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

2. Petitioner (name each):

Sandra Moran

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Sandra Moran 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) ☒ \$ TBD 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): July 01, 2023 at (place): San Bernadino

- (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):

446 E. Fromer St., Rialto, CA., 92376