

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald W. Ask, Esq. (SBN:103895) Renee S. Fahrendholz, Esq. (SBN:322054) Elder Law Center, P.C. 3600 Lime Street, #4-412 Riverside, CA 92501 TELEPHONE NO.: 951-684-5608 FAX NO. (Optional): 951-684-1106 E-MAIL ADDRESS (Optional): elc@elderlawcenter.net ATTORNEY FOR (Name): Paula Jones	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Fontana District - Probate	
ESTATE OF (Name): Randall Jones **CONTINUED **	DECEDENT
NOTICE OF PETITION TO ADMINISTER ESTATE OF (Name): Randall Jones	CASE NUMBER: PROVA2300319

1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of *(specify all names by which the decedent was known)*:
 Randall Jones
2. A **Petition for Probate** has been filed by *(name of petitioner)*: Paula Jones
 in the Superior Court of California, County of *(specify)*: San Bernardino
3. The Petition for Probate requests that *(name)*: Paula Jones
 be appointed as personal representative to administer the estate of the decedent.
4. ☐ The petition requests the decedent's will and codicils, if any, be admitted to probate. The will and any codicils are available for examination in the file kept by the court.
5. ☒ The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
6. **A hearing on the petition will be held in this court as follows:**

a. Date: 05/16/2024	Time: 9:00 a.m.	Dept.: F-1	Room:
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b. Address of court: ☒ same as noted above ☐ other *(specify)*:
7. **If you object** to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.
8. **If you are a creditor or a contingent creditor of the decedent**, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.
Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.
9. **You may examine the file kept by the court.** If you are a person interested in the estate, you may file with the court a *Request for Special Notice* (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A *Request for Special Notice* form is available from the court clerk.
10. ☐ Petitioner ☒ Attorney for petitioner *(name)*: Elder Law Center, P.C.
 3600 Lime Street, #4-412
(Address): Riverside, CA 92501
(Telephone): 951-684-5608

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):
Randall Jones

CASE NUMBER:
PROVA2300319

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*): 3600 Lime Street, #4-412
Riverside, CA 92501
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: 01/29/2024 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: 01/29/2024

Celeste M. Blake

(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 MAILED

Name of person served	Address (<i>number, street, city, state, and zip code</i>)
1. Paula Jones	22770 Lark Street Grand Terrace, CA 92313
2. Dorian Michael Jones	22770 Lark Street Grand Terrace, CA 92313
3. Adrienne Jones	9600 19th Street, Apt. 64 Rancho Cucamonga, CA 92313
4. Department of Health Care Services	Estate Recovery Unit MS-4720 P.O. Box 997425, Sacramento, CA 95899
5. Franchise Tax Board	P.O. Box 942840 Sacramento, CA 94240
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.)

