ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER: 321884	FOR COURT USE ONLY
NAME: Meridith Mitchellweiler		
FIRM NAME: Mitchellweiler Law Corporation		
STREET ADDRESS: 980 Montecito Dr. Suite 101		
CITY: Corona	STATE: CA ZIP CODE: 92879	
TELEPHONE NO.: 951-549-7924	FAX NO.: 951-549-7982	
EMAIL ADDRESS: meridith@mlcattorneys.com		
ATTORNEY FOR (name): Douglas Swinehart		
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF RIVERSIDE	
STREET ADDRESS: 4050 Main St		
MAILING ADDRESS: 4050 Main St		
CITY AND ZIP CODE: Riverside 92501		
BRANCH NAME: Historic Courthouse		
X ESTATE OF (name): IN THE MA	TTER OF (name):	-
Suzanne Caroline Perry		
X DEC	EDENT TRUST OTHER	
NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST		CASE NUMBER: PRRI2301244
This notice is required by law. You an	e not required to appear in court. but vo	u may attend the hearing and object or

respond if you wish. If you do not respond or attend the hearing, the court may act on the filing without you.

 NOTICE is given that (name): Douglas Swinehart (fiduciary or representative capacity, if any): has filed a petition, application, report, or account (specify complete title and briefly describe):* PETITION FOR LETTERS OF ADMINISTRATION

The filing is a report of the status of a decedent's estate administration made under Probate Code section 12200. See the NOTICE below.

Please refer to the filed documents for more information about the case. (Some documents filed with the court are confidential.)

2. A HEARING on the matter described in 1 will be held as follows:

	→Date: 08/02/2023	Time: 8:30 AM	Name and address of court, if different from above:
Date	Dept.: 8	Room:	

NOTICE

If the filing described in 1 is a report of the status of a decedent's estate administration made under Probate Code section 12200, YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNTING UNDER SECTION 10950 OF THE PROBATE CODE.



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to *www.courts.ca.gov/forms* for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

* Do **not** use this form to give notice of a petition to administer an estate (see Prob. Code, § 8100, and use form DE-121), notice of a hearing in a guardianship or conservatorship case (see Prob. Code, §§ 1511 and 1822, and use form GC-020), or notice of a hearing on a petition to determine a claim to property (see Prob. Code, § 851, and use form DE-115/GC-015).

Form Adopted for Mandatory Use Judicial Council of California DE-120 [Rev. January 1, 2020]

NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST

DE-120

		DE
X ESTATE OF (name): Suzanne Caroline Perry	IN THE MATTER OF (name):	CASE NUMBER: PRRI2301244
	X DECEDENT TRUST	OTHER
	CLERK'S CERTIFICATE OF	POSTING
I. I certify that I am not a party to t		
2. A copy of the foregoing <i>Notice</i> of	of Hearing—Decedent's Estate or Trust	
a. was posted at <i>(address):</i>		
b. was posted on <i>(date):</i>		
Date:	Clerk, by	, De
	PROOF OF SERVICE BY	∕ MAIL*
. I am over the age of 18 and not	a party to this cause. I am a resident of o	r employed in the county where the mailing occurred.
 My residence or business addre 980 Montecito Dr., Ste 101 Redlands, CA 92879 	ess is (specify):	
 I served the foregoing Notice of envelope addressed as shown 	-	each person named below by enclosing a copy in an
a. depositing the sealed postage fully prepaid.	d envelope on the date and at the place sh	nown in item 4 with the U.S. Postal Service with the
business practices. I a mailing. On the same	am readily familiar with this business's prac	at the place shown in item 4 following our ordinary ctice for collecting and processing correspondence fo lection and mailing, it is deposited in the ordinary elope with postage fully prepaid.
I. a. Date mailed:		
b. Place mailed (city, state): C	orona, CA	
5. x I served with the <i>Notice</i> of of the Notice.	f Hearing—Decedent's Estate or Trust a c	opy of the petition or other document referred to in ite
declare under penalty of perjury u	nder the laws of the State of California tha	at the foregoing is true and correct.
Date:		
rania Gomez		N
(TYPE OR PRINT N	AME)	(SIGNATURE)
NAME /	AND ADDRESS OF EACH PERSON TO	WHOM NOTICE WAS MAILED
Name	Address (stre	et & number, city, state, zip code)
I. Douglas Swinehart	125 York Street Wellsville, PA 17365	
2. Decedent's Real Property	24845 Valecrest Drive Moreno Valley, CA 92557	
3.		
ł.		
5.		

* Do not use this form for proof of personal service. You may use form DE-120(P) to prove personal service of this Notice.