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| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): Monica J. Zubiato 15643 Lasselle St., Apt. 109 Moreno Valley, CA 92551 TELEPHONE NO.: 909-206-4149 FAX NO. (<i>Optional</i>): E-MAIL ADDRESS (<i>Optional</i>): info@ivdocprep.com ATTORNEY FOR (<i>Name</i>): MONICA ZUBIATE, In Pro Per | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Blvd. MAILING ADDRESS: SAME CITY AND ZIP CODE: Fontana 92335 BRANCH NAME: San Bernardino District – Probate Division | |
| ESTATE OF (<i>Name</i>): GILBERT ZUBIATE | DECEDENT |
| NOTICE OF PETITION TO ADMINISTER ESTATE OF (<i>Name</i>): GILBERT ZUBIATE | CASE NUMBER: PROVA2400894 |

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*):
 GILBERT ZUBIATE
2. A **Petition for Probate** has been filed by (*name of petitioner*): Monica J. Zubiato in the Superior Court of California, County of (*specify*): San Bernardino
3. The Petition for Probate requests that (*name*): Monica J. Zubiato 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:**

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|---------------------|-----------|-----------|-------|
| a. Date: 11/26/2024 | Time: 9AM | Dept.: F2 | Room: |
|---------------------|-----------|-----------|-------|

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*): Monica J. Zubiato

(*Address*): 15643 Lasselle St., Apt. 109
 Moreno Valley, CA 92551

(*Telephone*): 909-206-4149

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.

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| ESTATE OF (Name): GILBERT ZUBIATE <div style="text-align: right; margin-top: 10px;">DECEDENT</div> | CASE NUMBER: PROVA2400894 |
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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, Ste 321
Riverside, CA 92504**

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: October 25, 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: 10/25/2024

Cynthia Mendoza
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

▶ *Cynthia Mendoza*
(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

| | Name of person served | Address (number, street, city, state, and zip code) |
|----|---------------------------|---|
| 1. | Monica J. Zubiato | 15643 Lasselle St., Apt. 109, Moreno Valley, CA 92551 |
| 2. | Estate of Gilbert Zubiato | 1576 N. Mt View Ave., San Bernardino, CA 92405 |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

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

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| 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 <i>Request for Accommodations by Persons With Disabilities and Order</i> (form MC-410). (Civil Code section 54.8.) | |
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| ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Monica J. Zubiato FIRM NAME: STREET ADDRESS: 15643 Lasselle St., Apt. 109 CITY: Moreno Valley STATE: CA ZIP CODE: 92551 TELEPHONE NO.: 909-206-4149 FAX NO.: EMAIL ADDRESS: info@ivdocprep.com ATTORNEY FOR (name): MONICA ZUBIATE, In Pro Per | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Blvd. MAILING ADDRESS: SAME CITY AND ZIP CODE: Fontana 92335 BRANCH NAME: San Bernardino District – Probate Division | |
| <input checked="" type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> IN THE MATTER OF (name): GILBERT ZUBIATE | |
| <input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER | |
| NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST | CASE NUMBER: PROVA2400894 |
| <i>This notice is required by law. You are not required to appear in court, but you 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.</i> | |

1. NOTICE is given that (name): **Monica J. Zubiato**
 (fiduciary or representative capacity, if any):
 has filed a petition, application, report, or account (specify complete title and briefly describe):*
**Petition for Probate
 Duties and Liabilities**

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:

| | | | |
|--|-----------------|----------------|---|
| <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin: 0 auto;"> Hearing Date </div> | Date: Dept.: | Time: Room: | Name and address of court, if different from above: |
|--|-----------------|----------------|---|

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.

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|  | 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 (). (Civ. Code, § 54.8.) |
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* 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).

| | | |
|--|---|------------------------------|
| <input type="checkbox"/> ESTATE OF (name): GILBERT ZUBIATE | <input type="checkbox"/> IN THE MATTER OF (name): | CASE NUMBER: PROVA2400894 |
| <input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER | | |

CLERK'S CERTIFICATE OF POSTING

1. I certify that I am not a party to this cause.
2. A copy of the foregoing *Notice of Hearing—Decedent's Estate or Trust*
 - a. was posted at (address):

b. was posted on (date):

Date: _____ Clerk, by _____, Deputy

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 St., Riverside, CA 92501
3. I served the foregoing *Notice of Hearing—Decedent's Estate or Trust* on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope on the date and at the place shown in item 4 with the U.S. Postal Service 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: 10/25/2024
b. Place mailed (city, state): Riverside, CA
5. I served with the *Notice of Hearing—Decedent's Estate or Trust* a copy of the petition or other document referred to in item 1 of the Notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 10/25/2024

Cynthia Mendoza

(TYPE OR PRINT NAME)



(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

| | Name | Address (street & number, city, state, zip code) |
|----|---------------------------|---|
| 1. | Monica J. Zubiato | 15643 Lasselle St., Apt. 109, Moreno Valley, CA 92551 |
| 2. | Estate of Gilbert Zubiato | 1576 N. Mt View Ave, San Bernardino, CA 92405 |
| 3. | | |
| 4. | | |
| 5. | | |

Continued on an attachment. (You may use Attachment to Notice of Hearing Proof of Service by Mail, form DE-120(MA)/GC-020(MA), for this purpose.)

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

Title:

13-16503-360 & 11 other documents

Package ID:

5821b7b4-2ff2-4522-957a-0b817b957dd3

| ACTION | RECIPIENT | TIME | IP |
|-----------|------------------------|----------------------------|-------------|
| Completed | Inland Valley Doc Prep | 2024-10-25 14:54:29 -07:00 | 66.215.182. |