

ATTORNEY OR PARTY WITHOUT ATTORNEY: <span style="float: right;">STATE BAR NO.: 315-608</span> <b>Robert Clavel</b> FIRM NAME: <b>Clavel Law</b> STREET ADDRESS: <b>5857 Pine Ave STE B</b> CITY: <b>Chino Hills</b> <span style="float: right;">STATE: <b>CA</b> ZIP CODE: <b>91709</b></span> TELEPHONE NO.: <b>(909)531-4800</b> <span style="float: right;">FAX NO.:</span> E-MAIL ADDRESS: <b>rclavel@trustandwill.com</b> ATTORNEY FOR: <b>James Buchner</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</b> STREET ADDRESS: <b>17780 Arrow Boulevard, Fontana California 92335</b> MAILING ADDRESS: <b>17780 Arrow Boulevard, Fontana California 92335</b> CITY AND ZIP CODE: <b>Fontana 92335</b> BRANCH NAME: <b>Probate</b>	
ESTATE OF (name): <b>Mark Buchner</b> <span style="float: right;">DECEDENT</span>	
<b>PETITION FOR</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost Will and for Letters Testamentary</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost Will and for Letters of Administration with Will Annexed</b> <input checked="" type="checkbox"/> <b>Letters of Administration</b> <input type="checkbox"/> <b>Letters of Special Administration</b> <input type="checkbox"/> <b>with general powers</b> <input checked="" type="checkbox"/> <b>Authorization to Administer Under the Independent Administration of Estates Act</b> <input type="checkbox"/> <b>with limited authority</b>	CASE NUMBER:  <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">HEARING DATE AND TIME:</div> <div style="width: 25%;">DEPT.:</div> </div>

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

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

2. **Petitioner** (name each):

**James Buchner**

**requests that**

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
 b. (name): **James Buchner** 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): **01/30/2024** at (place): **1033 W. Sunsang Ct., Ontario, CA 91762**

- (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):

**1033 W. Sunsang Ct., Ontario, San Bernardino, CA, 91762**