

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME Jennifer C. Jones FIRM NAME Jones Legal, Inc. STREET ADDRESS 3637 Arlington Ave., Ste. D CITY Riverside STATE CA ZIP CODE 92506 TELEPHONE NO. 951-742-7213 FAX NO. 951-742-7293 E-MAIL ADDRESS Jennifer@JonesLegalTeam.com ATTORNEY FOR (name) CYNTHIA MANZANO	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS 17780 ARROW BLVD. MAILING ADDRESS 17780 ARROW BLVD. CITY AND ZIP CODE FONTANA, 92335 BRANCH NAME FONTANA DISTRICT	ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 10/5/2023 2:02 PM By: Brenda Cordero, DEPUTY	
ESTATE OF (name): CAROL MARIE VALENTINE	DECEDENT	
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER PROVA2300168	
	HEARING DATE AND TIME 12/20/23 9:00 am	DEPT F1

1. Publication will be in (specify name of newspaper): **COUNTY LEGAL REPORTER**

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

2. Petitioner (name each):
CYNTHIA MANZANO

requests that

- a. decedent's will and codicils, if any, be admitted to probate.
 b. (name): **CYNTHIA MANZANO** 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) \$30,000.00 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): **05/12/2022** at (place): **SAN BERNARDINO, CALIFORNIA**

- (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):
1081 EAST MIRADA RD.
SAN BERNARDINO, CA 92404 - SAN BERNARDINO COUNTY