

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME <b>Jennifer C. Jones</b> FIRM NAME <b>Jones Legal, Inc.</b> STREET ADDRESS <b>3637 Arlington Ave., Ste. D</b> CITY <b>Riverside</b> STATE <b>CA</b> ZIP CODE <b>92506</b> TELEPHONE NO. <b>951-742-7213</b> FAX NO. <b>951-742-7293</b> E-MAIL ADDRESS <b>Jennifer@JonesLegalTeam.com</b> ATTORNEY FOR (name) <b>CYNTHIA MANZANO</b>	FOR COURT USE ONLY   <b>ELECTRONICALLY FILED</b> <b>SUPERIOR COURT OF CALIFORNIA</b> <b>COUNTY OF SAN BERNARDINO</b> <b>FONTANA DISTRICT</b>  <b>10/5/2023 2:02 PM</b>  <b>By: Brenda Cordero, DEPUTY</b>				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>SAN BERNARDINO</b> STREET ADDRESS <b>17780 ARROW BLVD.</b> MAILING ADDRESS <b>17780 ARROW BLVD.</b> CITY AND ZIP CODE <b>FONTANA, 92335</b> BRANCH NAME <b>FONTANA DISTRICT</b>	ESTATE OF (name): <b>CAROL MARIE VALENTINE</b> <div style="text-align: right;">DECEDENT</div>				
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 <b>PROVA2300168</b>  <table style="width: 100%;"> <tr> <td style="width: 70%;">HEARING DATE AND TIME</td> <td style="width: 30%;">DEPT</td> </tr> <tr> <td><b>12/20/23 9:00 am</b></td> <td><b>F1</b></td> </tr> </table>	HEARING DATE AND TIME	DEPT	<b>12/20/23 9:00 am</b>	<b>F1</b>
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<b>12/20/23 9:00 am</b>	<b>F1</b>				

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**