ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 240564
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): DARRELL OSBORNE

FOR COURT USE ONLY

ELECTRONICALLY FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
FONTANA DISTRICT

10/10/2023 10:16 AM

By: Brenda Cordero, DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO
STREET ADDRESS: 247 W. THIRD ST.
MAILING ADDRESS: 247 W. THIRD ST.
CITY AND ZIP CODE: SAN BERNARDINO, 92415-0212
BRANCH NAME: PROBATE DIVISION

ESTATE OF (name): LARRY OSBORNE
DECEDENT

PETITION FOR [ ] **Probate of** [ ] **Lost Will and for Letters Testamentary**
[ ] **Probate of** [ ] **Lost Will and for Letters of Administration with Will Annexed**
[x] **Letters of Administration**
[ ] **Letters of Special Administration** [ ] **with general powers**
[x] **Authorization to Administer Under the Independent Administration of Estates Act** [ ] **with limited authority**

CASE NUMBER: PROVA2300174

HEARING DATE AND TIME: 12/20/2023 9:00 am DEPT.: F3

1. Publication will be in *(specify name of newspaper)*: COUNTY LEGAL REPORTER
   a. [ ] Publication requested.
   b. [x] Publication to be arranged.
2. **Petitioner** *(name each)*:
   DARRELL OSBORNE

   requests that
   a. [ ] decedent's will and codicils, if any, be admitted to probate.
   b. *(name)*: DARRELL OSBORNE be appointed
      (1) [ ] executor
      (2) [ ] administrator with will annexed
      (3) [x] administrator
      (4) [ ] special administrator [ ] with general powers
      and Letters issue upon qualification.
   c. [x] 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) [x] $251,142.50 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)*: 08/14/2023 at *(place)*: SAN BERNARDINO, CALIFORNIA
      (1) [x] 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)*:
      1666 W. 20TH STREET
      SAN BERNARDINO, CA 92411 - SAN BERNARDINO COUNTY