

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): SHARIEF MAGIED	FOR COURT USE ONLY <h1 style="margin: 0;">FILED</h1> <p style="margin: 0;">Superior Court of California County of Riverside</p> <p style="margin: 0;">2/5/2024 S. Goble</p> <p style="margin: 0;">Electronically Filed</p>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4050 MAIN ST. MAILING ADDRESS: 4050 MAIN ST. CITY AND ZIP CODE: RIVERSIDE, CA 92501 BRANCH NAME: HISTORIC COURTHOUSE			
ESTATE OF (name): NASEEF HASSAN MAJIED <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: PRRI2400285 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">HEARING DATE AND TIME: 03/21/2024 8:30am</td> <td style="width: 30%;">DEPT.: 12</td> </tr> </table>	HEARING DATE AND TIME: 03/21/2024 8:30am	DEPT.: 12
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1. Publication will be in (specify name of newspaper): MORENO VALLEY CITY NEWS

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

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

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): SHARIEF MAGIED 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) ☐ \$ 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): 12/16/2023 at (place): MORENO VALLEY, 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):
 11711 BLUE LUPIN AVE.
 MORENO VALLEY, CA 92557 - RIVERSIDE COUNTY