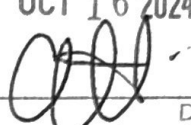


ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: <b>NAME:</b> Monica J. Zubiato <b>FIRM NAME:</b> <b>STREET ADDRESS:</b> 15643 Lasselle St., Apt. 109 <b>CITY:</b> Moreno Valley <b>STATE:</b> CA <b>ZIP CODE:</b> 92551 <b>TELEPHONE NO.:</b> 909-206-4149 <b>FAX NO.:</b> <b>E-MAIL ADDRESS:</b> info@ivdocprep.com <b>ATTORNEY FOR (name):</b> MONICA ZUBIATE, In Pro Per	<b>FOR COURT USE ONLY</b>  <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT  <b>OCT 16 2024</b> By  Deputy <b>Arica Tobias</b>					
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> San Bernardino <b>STREET ADDRESS:</b> 17780 Arrow Blvd. <b>MAILING ADDRESS:</b> SAME <b>CITY AND ZIP CODE:</b> Fontana 92335 <b>BRANCH NAME:</b> San Bernardino District – Probate Division						
<b>ESTATE OF (name):</b> GILBERT ZUBIATE <span style="float: right;">DECEDENT</span>						
<b>PETITION FOR</b> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary</td> </tr> <tr> <td><input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed</td> </tr> <tr> <td><input type="checkbox"/> Letters of Administration</td> </tr> <tr> <td><input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers</td> </tr> <tr> <td><input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority</td> </tr> </table>		<input checked="" 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 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
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1. Publication will be in (specify name of newspaper): To Be Determined

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

2. **Petitioner (name each):**  
 Monica J. Zubiato

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.  
 b. **(name):** Monica J. Zubiato 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): 08/12/2024 at (place): San Bernardino

- (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):  
 1576 N. Mt View Ave., San Bernardino, CA 92405