

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): EUGENE AVILA	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT APR 03 2023 BY <u>Brittney Spears</u> BRITTNEY SPEARS, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. THIRD STREET MAILING ADDRESS: 247 W. THIRD STREET CITY AND ZIP CODE: SAN BERNARDINO, 92415-0212 BRANCH NAME: PROBATE DIVISION	CASE NUMBER: PROSBZ300420
ESTATE OF (name): LORENZA AVILA <div style="text-align: right;">DECEDENT</div>	HEARING DATE AND TIME: DEPT.: MAY 08 2023 9:00 a.m. 535
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	

1. Publication will be in (specify name of newspaper): REDLANDS CITY NEWS

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

2. Petitioner (name each):
 EUGENE AVILA

**NOTICE: This Case is assigned to Dept 535
 for all purposes and is subject to CCP 170.6(2)**

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): EUGENE AVILA 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): 09/05/2017 at (place): REDLANDS, 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):
 1619 CLAY STREET
 REDLANDS, CA 92374