

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: J. TERRENCE MOYNIHAN FIRM NAME: MOYNIHAN LYONS, PC STREET ADDRESS: 6529 Riverside Avenue, Suite 132 CITY: Riverside STATE: CA ZIP CODE: 92506 TELEPHONE NO.: (951) 781-1960 FAX NO.: (951) 682-5348 E-MAIL ADDRESS: terry@moynihanlyons.com ATTORNEY FOR (name): JOSIE FUENTES	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;">6/13/2023 S. Acosta</p> <p style="margin: 0;">Electronically Filed</p>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4050 Main Street MAILING ADDRESS: CITY AND ZIP CODE: Riverside, CA 92502 BRANCH NAME: Riverside Main	ESTATE OF (name): DORA FUENTES HERMOSILLO, aka DORA ARREY <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 checked="" type="checkbox"/> with limited authority	CASE NUMBER: PRRI2301306 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> HEARING DATE AND TIME: 8/8/23 8:30 AM </td> <td style="width: 20%; padding: 5px;"> DEPT.: 11 </td> </tr> </table>	HEARING DATE AND TIME: 8/8/23 8:30 AM	DEPT.: 11
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1. Publication will be in (specify name of newspaper): THE DAILY JOURNAL

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

2. Petitioner (name each): JOSIE FUENTES

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
 b. (name): _____ 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) ☒ \$ MINIMUM BOND 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): 03/23/1979 at (place): Orange, CA
 (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):
 15676 Cecil Avenue
 Riverside, CA 92504