


ATTORNEY OR PARTY WITHOUT ATTORNEY 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) ALEXIS COLLINS	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO JUN 06 2023  BY: Brenda Perez-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 BRANCH NAME PROBATE DIVISION	
ESTATE OF (name): EUGENE ARTHUR COLLINS JR	DECEDENT
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 PROSB2300708 HEARING DATE AND TIME JUL 12 2023 9:00am
	DEPT S37

1. Publication will be in (specify name of newspaper): **SAN BERNARDINO CITY NEWS**

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

2. Petitioner (name each):
ALEXIS COLLINS

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): **ALEXIS COLLINS**
 (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):

**NOTICE: This Case is assigned to Dept S37
 for all purposes and is subject to CCP 170.6(2)**

Candice Garcia-Rodrigo

be appointed

3. a. Decedent died on (date): **03/21/2016** at (place): **MUSCOY, 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):
3895 JUNE ST.
MUSCOY, CA 92407 SAN BERNARDINO COUNTY