

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) KELLY ANN MCNAMARA	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO VICTORVILLE DISTRICT 11/3/2023 8:54 AM By: DiAnna Verdugo, 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, 92415-0212 BRANCH NAME PROBATE DIVISION	CASE NUMBER PROVV2300104
ESTATE OF (name): TREVOR MICHAEL STEGEN AKA TREVOR DELIC <div style="text-align: right;">DECEDENT</div>	HEARING DATE AND TIME 12/14/2023 9:00 am
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	DEPT V12

1. Publication will be in (specify name of newspaper): **COUNTY LEGAL REPORTER**

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

2. Petitioner (name each):
KELLY ANN MCNAMARA

NOTICE: This Case is assigned to Dept V12

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): **KELLY ANN MCNAMARA** 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) ☒ \$535,000.00 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): **09/29/2023** at (place): **PHELAN, 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):
7324 WHITE FOX TRAIL
PHELAN, CA 92371 - SAN BERNARDINO COUNTY