

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 240564 NAME: Jennifer Jones FIRM NAME: Jones Legal, Inc. STREET ADDRESS: 4210 Riverwalk Pkwy, Ste. 330 CITY: Riverside STATE: CA ZIP CODE: 92505 TELEPHONE NO.: (951) 742-7213 FAX NO.: (951) 977-8055 E-MAIL ADDRESS: Jennifer@JonesLegalTeam.com ATTORNEY FOR (name): Shamiran Gallo	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 11/19/2024 12:56 PM By: Arica Tobias, DEPUTY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 ARROW BLVD. MAILING ADDRESS: 17780 ARROW BLVD. CITY AND ZIP CODE: FONTANA 92335 BRANCH NAME: PROBATE DIVISION			
ESTATE OF (name): Reina Gonzales AKA Reina M. Gonzales <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 type="checkbox"/> with limited authority	CASE NUMBER: PROVA2400984 <table style="width: 100%;"> <tr> <td style="width: 70%;">HEARING DATE AND TIME:</td> <td style="width: 30%;">DEPT.:</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:
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1. Publication will be in (specify name of newspaper): Colton City News

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

2. **Petitioner (name each):**

Shamiran Gallo

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): Shamiran Gallo 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) ☒ \$427,400.00 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): 8/3/2023

at (place): San Bernardino, 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):
 1736 N. Pennsylvania Ave, Colton, CA 92324