	DE-111
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.	FOR COURT USE ONLY
NAME: Thomas Anthony Shotke	
STREET ADDRESS: 16031 PTC Paris Mentanez	
CITY: FORTANA STATE: CA ZIP CODE: C1233 C	
TELEPHONE NO. 951-454-1773 FAX NO.	FILEDED
E-MAIL ADDRESS + Shotke egmail. com	SUPERIOR COURT OF CALIFORNIA
ATTORNEY FOR (name):	COUNTY OF SAN BERNARDINO
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino	
STREET ADDRESS: 247 West Third Street	JUL 5/15 20532023
MAILING ADDRESS. 247 West Third Street	301 0 2 222
CITY AND ZIP CODE. San Bernardino 92415-0212 BRANCH NAME: SBJC	182
DIOMOTTRAME. SDJC	- 13 1 Dec
STATE OF (name): Thomas Frank Shotke	BY Brenda Perez-Cordero, Deputy
DECEDENT DECEDENT	VII
ETITION FOR Probate of Lost Will and for Letters Testamentary	CASE NUMBER: DR G G G G G G G G G G G G G G G G G G
Probate of Lost Will and for Letters of Administration	on 00082300047
with Will Annexed	PRUS
Letters of Administration	
Letters of Special Administration with general power Authorization to Administer Under the Independent	
Administration of Estates Act with limited authority	AUG 15 2023 9:000m/SSA
Publication will be in (specify name of newspaper):	7 T
a. Publication requested.	is Cose is assigned to Dent 55+
b. Publication to be arranged.	nis Case is assigned to Dept 537
Petitioner (name each): Thomas Anthony Shotkfor all purpo	ses and is subject to CCP 170.6(2)
111011131111111111111111111111111111111	Candice García-Rodingo
	Candida Gardia Francis
requests that	
decedent's will and codicils, if any, be admitted to probate.	
. (name): Themas Anthony Shotke	be appointed
(1) X executor	
(2) administrator with will annexed	
(3) 💢 administrator	ի հետո մասի մասի հիան դերու տահել հայի դերու մեր հ
with general powers	n in anny anny april april april anny anny anny anny anny
(4) special delimination	
and Letters issue upon qualification. The content of the conten	pendent Administration of Estates Act
	portour riginimo de don de la compositione
(1) Sound not be required for the reasons stated in item 3e.	ned by an admitted surety insurer or as otherwise
(2) \$ bond be fixed. The bond will be furnish	different from the maximum required by Prob
provided by law. (Specify reasons in Attachment 2 if the amount is o	mioron nom the maximum required by 1 root.
Code, § 8482.) in deposits in a blocked account be allo	owed. Receipts will be filed.
	dam privacy to re-
(Specify institution and location):	
11/2/2027	
Decedent died on (date): 06/03/2023 at (place): home	
a resident of the county named above.	enal representative
(2) a nonresident of California and left an estate in the county named a	above located at (specify location permitting
publication in the newspaper named in item 1):	
publication in the newspaper flames in its	
Decedent was a citizen of a country other than the United States (speci	ify country):
Street address, city, and county of decedent's residence at time of death (spe	эспу).
16031 PFC Paris Montanez, Fontana, CA 9233	,6
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