


ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Dana L. Hockett FIRM NAME: N/A STREET ADDRESS: 453 E. Merrimac St. CITY: Upland STATE: Ca ZIP CODE: 91784 TELEPHONE NO.: 909-921-5597 FAX NO.: E-MAIL ADDRESS: danahockett@verizon.net ATTORNEY FOR (name): N/A	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT JUL 12 2023 BY <u></u> AMY GAMEZ-REYES, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 West Third Street MAILING ADDRESS: 247 West Third Street CITY AND ZIP CODE: San Bernardino Ca 92415 BRANCH NAME: San Bernardino District - Probate Division	CASE NUMBER: PROB2300875
ESTATE OF (name): Richard Dean Crockett DECEDENT	HEARING DATE AND TIME: AUG 28 2023 9:00 AM DEPT.: S36
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 checked="" 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	

1. Publication will be in (specify name of newspaper):

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

2. Petitioner (name each): **Dana L. Hockett**

Michelle H. Gillece

NOTICE: This Case is assigned to Dept. **S36**
 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): **Dana L. Hockett** 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) ☐ \$ 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): **May 2, 2023** at (place): **Brookside Healthcare Center**

- (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): **34845 Avenue D**
Yucaipa, San Bernardino, Ca 92399