

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 276777 NAME: Kristine M. Borgia FIRM NAME: Kristine M. Borgia Law Corporation STREET ADDRESS: 3963 11th Street, Suite 202 CITY: Riverside STATE: CA ZIP CODE: 92501 TELEPHONE NO.: 951.823.5138 FAX NO.: 760.304.8735 E-MAIL ADDRESS: kristine@borgialawca.com ATTORNEY FOR (name): Myiisha K. Monroe	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT 4/26/2023 3:23 PM By: Amy Reyes, DEPUTY				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. Third Street MAILING ADDRESS: (same) CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division					
ESTATE OF (name): Robert Louis Monroe <div style="text-align: right;">DECEDENT</div>					
PETITION FOR <input checked="" 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 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: <div style="text-align: center; font-size: 1.2em;">PROSB2300521</div> <table style="width: 100%;"> <tr> <td style="width: 60%;">HEARING DATE AND TIME:</td> <td style="width: 40%;">DEPT.:</td> </tr> <tr> <td>06/06/2023 9:00 am</td> <td>S35</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:	06/06/2023 9:00 am	S35
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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):**
 Myiisha K. Monroe

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
 b. (name): Myiisha K. Monroe 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) ☒ \$75,000.00 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): 07/27/2022 at (place): Alta Loma, 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):
 8571 18th Street, Alta Loma, CA 91701 (San Bernardino County)