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| ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 240564 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): ADA ALLEN | FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE <div style="font-size: 1.5em; font-weight: bold;">DEC 27 2023</div> <div style="font-size: 1.2em; font-weight: bold;">L. Maldonado</div> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4050 MAIN ST. MAILING ADDRESS: 4050 MAIN ST. CITY AND ZIP CODE: RIVERSIDE, CA 92501 BRANCH NAME: HISTORIC COURTHOUSE | |
| ESTATE OF (name): REUBEN EASTMAN ALLEN JR. AKA REUBEN EASTMEN ALLEN JR. DECEDENT | |
| 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: PRRI2302840 HEARING DATE AND TIME: 01/31/24 8:30AM DEPT.: 12 |

1. Publication will be in (specify name of newspaper): MORENO VALLEY CITY NEWS

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

2. Petitioner (name each):
 ADA ALLEN

requests that

a. ☐ decedent's will and codicils, if any, be admitted to probate.

b. (name): ADA ALLEN

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) ☒ \$202,963.86 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): 03/17/2023 at (place): MORENO VALLEY

- (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):
 15455 CABALLO RD.
 MORENO VALLEY, CA 92555