

- NOTE:** If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

ESTATE OF (Name): MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS aka MARGARET ROBERTS DECEDENT	CASE NUMBER: PRIN2301171
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PROOF OF SERVICE BY MAIL

- I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
- My residence or business address is (*specify*):
1425 WEST FOOTHILL BOULEVARD, SUITE 240, UPLAND, CA 91786
- I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
 - ☐ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
 - ☒ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

4. a. Date mailed: SEPTEMBER 1, 2023 b. Place mailed (*city, state*): UPLAND, CALIFORNIA

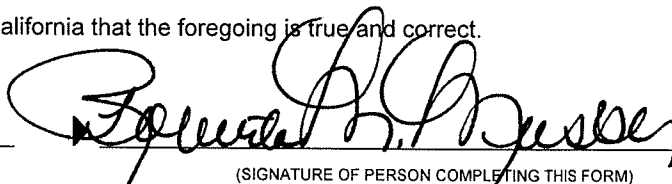
5. ☒ I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: SEPTEMBER 1, 2023

ROBERTA M. MUSSER

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)


(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served	Address (<i>number, street, city, state, and zip code</i>)
1. JAMES CYRIL ROBERTS	11169 CARRILLO AVENUE MONTCLAIR, CA 91763
2. PAULA JEAN ROBERTS	661 EAST CARROLL AVENUE GLENORA, CA 91741
3. DAVID WAYNE ROBERTS	79622 CARMEL VALLEY INDIO, CA 92201
4. DEPARTMENT OF HEALTH CARE SERVICE	ESTATE RECOVERY UNIT POST OFFICE BOX 997425, MS4720 SACRAMENTO, CA 95899-7425
5. FRANCHISE TAX BOARD	POST OFFICE BOX 2952, MS A-454 SACRAMENTO, CA 95812-0479
6. VICTIM COMPENSATION BOARD	REVENUE RECOVERY AND ACCOUNTING DIVISION POST OFFICE BOX 1348 SACRAMENTO, CA 95812-1348

☒ Continued on an attachment. (*You may use form DE-121(MA) to show additional persons served.*)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



CASE NUMBER:
PRIN2301171

DECEDENT

(This attachment is for use with form DE-121.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

[illegible]