

LL Legal

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ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Jennifer C. Jones FIRM NAME: Jones Legal, Inc. STREET ADDRESS: 3637 Arlington Ave., Suite D. CITY: Riverside STATE: California ZIP CODE: 92506 TELEPHONE NO.: (951) 742-7213 FAX NO.: (951) 742-7293 EMAIL ADDRESS: jennifer@joneslegaltteam.com ATTORNEY FOR (name): David LeAndrew Hernandez		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT NOV 23 2021 BY <u>Cesar Marin</u> CESAR MARIN, 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 92416-0210 BRANCH NAME: San Bernardino District - Probate Division			
ESTATE OF (name): David Ernest Hernandez DECEDENT			
PETITION FOR ☐ Probate of ☐ Lost Will and for Letters Testamentary BY FAX ☐ Probate of ☐ Lost Will and for Letters of Administration with Will Annexed ☒ Letters of Administration ☒ Letters of Special Administration ☐ with general powers ☒ Authorization to Administer Under the Independent Administration of Estates Act ☐ with limited authority		CASE NUMBER: PROSB2101051 HEARING DATE AND TIME: JAN 10 2022 9:00 DEPT.: S35	

1. Publication will be in (specify name of newspaper): **Loma Linda City News**

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

2. Petitioner (name each):
David LeAndrew Hernandez

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): **David LeAndrew Hernandez** 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): **05/30/2021** at (place): **Loma Linda, San Bernardino County, California**
 (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):

1924 Coulston Street

UNR 62

Loma Linda, CA 92354 San Bernardino County

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