

NAME: Gwendolyn C. Winstan  
FIRM NAME:

STREET ADDRESS: 1505 VOLETHAHL BLVD. #D1. C22  
CITY: SHREVEPORT, LA STATE: LA ZIP CODE: 70507

TELEPHONE NO. 909-9601-10285

FAX NO.: ET

**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN BERNARDINO  
SAN BERNARDINO DISTRICT

MAR 06 2023

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 92415-0212  
BRANCH NAME: SBJC

BY: Solomon Berto Henrique Dosil

ESTATE OF (name): WARRICK M. LACRO HOUSTON

DECEDENT

**PETITION FOR**

<input checked="" type="checkbox"/>	Probate of <input checked="" type="checkbox"/> Lost	Will and for Letters Testamentary
<input type="checkbox"/>	Probate of <input type="checkbox"/> Lost	Will and for Letters of Administration
<input type="checkbox"/>	Letters of Administration with Will Annexed	<input type="checkbox"/> with general powers
<input type="checkbox"/>	Letters of Special Administration	Under the independent
<input type="checkbox"/>	Authorization to Administer Under the Administration of Estates Act	<input type="checkbox"/> with limited authority

CASE NUMBER:

HEARING DATE AND TIME:

DEPT.:

APR 11 2023 9:00 a.m. S37

- requests that**

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

- b. (name): BUTCH DOUGLAS C. MUSTON

- (1) ☒ executor (TEMPERARY), UNTIL COURT APPOINTS / CHOOSES AN ESTATE ATTORNEY  
(2) ☐ administrator with will annexed FAMILY MEMBERS, etc... (THIS REQUEST IS ONLY)

- (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.

- 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): 909-253-1571  
909-720-7200

3. a. Decedent died on (date): JANUARY 21, 2003 at (place): DUPARTY CARE HOME, INC.  
 (1) ☒ a resident of the county named above. 10731 COLUMA STREET  
LOMT 44047-04 91354-2301  
 (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. ☐ 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): QUALITY CARE HOME, INC.

Form Adopted for Mandatory Use  
Judicial Council of California  
DE-111 (Rev. July 1, 2017)

**PETITION FOR PROBATE**  
**(Probate—Decedent's Estates)**