

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME John Nopwaskey, In Pro Per FIRM NAME: STREET ADDRESS 2712 Twinleaf Lane CITY CORONA STATE: CA. ZIP CODE: 92881 TELEPHONE NO. (951) 217-2670 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Petitioner, John Nopwaskey SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS 247 W. 3rd Street 17780 ARROW BLVD MAILING ADDRESS Same as above CITY AND ZIP CODE San Bernardino, California 92410 BRANCH NAME San Bernardino Court FONTANA, CA 92335	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO AUG 30 2023 BY: <u>B. Flores</u> Briana Flores, Deputy
ESTATE OF (name): AURELIA MCGIRR <div style="text-align: right;">DECEDENT</div>	CASE NUMBER: PROVA2300048
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 <input type="checkbox"/> 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	HEARING DATE AND TIME: 10.26.23 9AM DEPT FI

1. Publication will be in (specify name of newspaper): City News Group, Inc.

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

2. Petitioner (name each): John Nopwaskey

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): John Nopwaskey 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): 12/19/2023 at (place) Fontana, 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): Fontana, California, County of San Bernardino.