_		DE-121
A	TTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): William M. Nassar, Esq. 171787	FOR COURT USE ONLY
	William M. Nassar & Associates	
	1461 Ford St Ste 203	
	Redlands, CA 92373	
Т	ELEPHONE NO.: (909) 307-2000 FAX NO. (Optional): (909) 307-2055	
	MAIL ADDRESS (Optional): Wnassar@nassarlaw.com	
	rtorney for (Name): Linda Pronschinske	
_	UPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino	
	STREET ADDRESS: 247 W. Third St	
	MAILING ADDRESS: 247 W. Third St	
	CITY AND ZIP CODE: San Bernardino, CA 92415	
	BRANCH NAME: Probate Division	
E	STATE OF (Name):	•
	heryle Mary Scanlon, aka Sheryle M. Scanlon,	
	ka Sheryle Scanlon DECEDENT	
	OTICE OF PETITION TO ADMINISTER ESTATE OF	CASE NUMBER:
	Name): Sheryle Mary Scanlon, aka Sheryle M. Scanlon,	PROSB2300721
'	aka Sheryle Scanlon	1110002300721
_		
	To all heirs, beneficiaries, creditors, contingent creditors, and persons who may other	
	or both, of (specify all names by which the decedent was known): Sheryle Mary	Scanlon, aka Sheryle M. Scanlon,
	aka Sheryle Scanlon	
2.	A Petition for Probate has been filed by (name of petitioner): LINDA PRONSC	HTNSKE
	in the Superior Court of California, County of (specify): San Bernardino	TITIVO ICE
3	The Petition for Probate requests that (name): LINDA PRONSCHINSKE	
٠.	be appointed as personal representative to administer the estate of the decedent.	
4	The petition requests the decedent's will and codicils, if any, be admitted to prob	ate. The will and any codicils are available
1.	for examination in the file kept by the court.	ate. The will and any codicils are available
5	The petition requests authority to administer the estate under the Independent A	dministration of Estates Act (This authority
Ο.	will allow the personal representative to take many actions without obtaining cou	
	important actions, however, the personal representative will be required to give	
	have waived notice or consented to the proposed action.) The independent adm	
	interested person files an objection to the petition and shows good cause why the	
6	A hearing on the petition will be held in this court as follows:	le court should not grant the authority.
0.	A hearing on the petition will be held in this court as follows:	
	a. Date: 08/23/2023 Time: 9:00AM Dept.:	S35 Room:
	b. Address of court: X same as noted above other (specify):	
7.	If you object to the granting of the petition, you should appear at the hearing and sta	te your objections or file written objections
	with the court before the hearing. Your appearance may be in person or by your attor	
8.	If you are a creditor or a contingent creditor of the decedent, you must file your of	slaim with the court and mail a copy to the
	personal representative appointed by the court within the later of either (1) four mon	
	a general personal representative, as defined in section 58(b) of the California Proba	
	mailing or personal delivery to you of a notice under section 9052 of the California Pr	
	Other California statutes and legal authority may affect your rights as a creditor	
	knowledgeable in California law.	. Tournay want to concur wan an attendey
9	You may examine the file kept by the court. If you are a person interested in the ex	state, you may file with the court a
٠.	Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of	E) (E
	provided in Probate Code section 1250. A Request for Special Notice form is availab	
10	Petitioner A Attorney for petitioner (name): William M. Nas	
10.	(Address): 1461 Ford St Ste 203, Redlands, CA 92373	Jar
	marcoo, 1101 1014 De Dec 200, Rediands, CA 92575	
	(Talanhana): 909-307-2000	

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.

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	DE-12
ESTATE OF (Name):	CASE NUMBER:
Sheryle Mary Scanlon, aka Sheryle M. Scanlon,	PROSB2300721
aka Sheryle Scanlon DECEDEN	Т

PROOF OF SERVICE BY MAIL

- 1. 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.
- 2. My residence or business address is (specify):

1461 Ford St Ste 203, Redlands, CA 92373

- 3. 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**
 - a. **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.
 - b. **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: 07/21/2023

b. Place mailed (city, state):

Redlands, 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: 7/	21/2023
Jacob	Shipp (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 (number, street, city, state, and zip code)
1.		
2.		
3.		
4.		
4.		
5.		
6.		

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.)



	NAME/RELATIONSHIP	<u>AGE</u>	ADDRESS
	Linda Pronschinske Petitioner/Paternal 2 nd Cousin once removed	Adult	9885 Upper 173 rd Ct W Lakeville, MN 55044
	Roger Scaramella Paternal 2 nd Cousin	Adult	16640 County Road 80 Perry, OK 73077
	Bruce Ingwers Maternal Cousin	Adult	10020 E. Grand Ave Greenwood Village, CO 80111-3623
	Richard Ingwers Maternal Cousin	Adult	5299 Blackhawk Dr Danville, CA 94506-5809
	Thomas Ingwers Maternal Cousin	Adult	4592 Alhambra St San Diego, CA 92107
	Lynda Lake Maternal Cousin	Adult	54 Northridge Circle Wickenburg, AZ 85390
	Matthew Neale Paternal Cousin	Adult	604 Via Espiritu San Clemente, CA 92672-60001
•	Robert Taylor Maternal Cousin	Adult	71901 Cholla Way Palm Desert, CA 92260
	Ronald Taylor Maternal Cousin	Adult	420 Sabino Drive Lake Havasu City, AZ 86403
	Elizabeth Walters Maternal Cousin	Adult	2373 S. Joyce Street Denver, CO 80228-6416
	Ruth Henricks C/O Bryan C. Hartnell Professional Fiduciary	Adult	25757 Redlands Blvd Redlands, CA 92373-8453