ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): KATHRYN S. KAUFMAN, ESQ. (248004)	FOR COURT USE ONLY
Law Offices of ARTHUR S. BROWN, APLC	
5741 Palmer Way, Suite B	
Carlsbad, California 92010	
TELEPHONE NO. (760) 438-5599 FAX NO. (Optional): (760) 438-8140	
E-MAIL ADDRESS (Optional): Kathryn@WhyProbate.com	
ATTORNEY FOR (Name) LINDSAY A. WYLIE, Proposed Administrator	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS 17780 Arrow Boulevard	
MAILING ADDRESS 17780 Arrow Boulevard	
CITY AND ZIP CODE Fontana, California 92335	
BRANCH NAME Fontana - Probate	
ESTATE OF (Name):	
SEAN T. DUNBAR	
DECEDENT	
NOTICE OF PETITION TO ADMINISTER ESTATE OF	CASE NUMBER
(Name): SEAN T. DUNBAR	PROVA2500116
To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise to	pe interested in the will or estate
or both, of (specify all names by which the decedent was known):	or more death are will are addited,
SEAN T. DUNBAR (aka SEAN TOSHIO KIMO DUNBAR)	
2. A Petition for Probate has been filed by (name of petitioner): LINDSAY A, WYLIE	
in the Superior Court of California, County of (specify): San Bernardino	
3. The Petition for Probate requests that (name): LINDSAY A. WYLIE	
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 probate.	The will and any codicils are available
for examination in the file kept by the court.	sistentian of Catatan Act. (This puthosity
5. The petition requests authority to administer the estate under the Independent Administration will allow the personal representative to take many actions without obtaining court at	
important actions, however, the personal representative will be required to give notic	e to interested persons unless they
have waived notice or consented to the proposed action.) The independent administ	
interested person files an objection to the petition and shows good cause why the co 6. A hearing on the petition will be held in this court as follows:	ourt should not grant the authority.
a. Date: April 23, 2025 Time: 9:00 AM Dept.: F3 Roo	om:
b. Address of court: same as noted above other (specify):	
7. If you object to the granting of the petition, you should appear at the hearing and state you	r objections or file written objections
with the court before the hearing. Your appearance may be in person or by your attorney.	
8. If you are a creditor or a contingent creditor of the decedent, you must file your claim v	with the court and mail a copy to the
personal representative appointed by the court within the later of either (1) four months from a general personal representative, as defined in section 58(b) of the California Probate Code	om the date of first issuance of letters to
mailing or personal delivery to you of a notice under section 9052 of the California Probate	Code.
Other California statutes and legal authority may affect your rights as a creditor. You	may want to consult with an attorney
knowledgeable in California law.	
 You may examine the file kept by the court. If you are a person interested in the estate, Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of esta 	you may file with the court a
provided in Probate Code section 1250. A Request for Special Notice form is available from	n the court clerk.
10. Petitioner Attorney for petitioner (name): KATHRYN S. KAUFMAN	
(Address): 5741 Palmer Way, Suite B Carlsbad, California 92010	
(Telephone): (760) 438-5599	ESTATE and do not print the information from the
NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER 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 8-point type and type and type at least 8-point type at least	east 7-point type. Print the case number as part or

or the material on page 2.

Page 1 of 2

ESTATE OF (Name): SEAN T. DUNBAR		PROVA2500116	
	DECEDENT		

PROOF OF SERVICE BY MAIL

	TROOF OF CERTICE BY MAKE
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): 5741 Palmer Way, Suite B
	Carlsbad, California 92010
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. J 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: Feb. 18, 2025 b. Place mailed (city, state): Carlsbad, California
5.	
	clare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Da	e: Feb. 18, 2025
<u>K</u> /	ATHRYN S. KAUFMAN, ESO. \ Kathys & K1
	(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.	LINDSAY A. WYLIE 901 North Del Sol Lane Diamond Bar, California 91765
2.	JACQUELINE S. DUNBAR 901 North Del Sol Lane Diamond Bar, California 91765
3.	
4.	
5.	
6.	
	Continued on an attachment. (You may use form DE-121(MA) to show additional persons served.)
Г	

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.)

