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

MAR 11 2024

Jeannette Saldana
Clerk of Court, Saldana, Deputy

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF San Bernardino

Case No.: PROVA 2400066

Decedent
Sharon Goodman

corrections made to form DE-111 per the court's
request.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: JENNIFER MOORE FIRM NAME: STREET ADDRESS: 1441 MORTON CIRCLE APT C CITY: CLAREMONT STATE: CA ZIP CODE: 91711 TELEPHONE NO.: 909.319.4657 FAX NO.: E-MAIL ADDRESS: EMAIL.JENNIFER.MOORE@GMAIL.COM ATTORNEY FOR (name):	FOR COURT USE ONLY FILED MAR 11 2024 PROVA2400066 PROVA2400066
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 WEST THIRD STREET, 11TH FLOOR MAILING ADDRESS: SAN BERNARDINO CITY AND ZIP CODE: CA 92415 BRANCH NAME:	
ESTATE OF (name): SHARON GOODMAN <div style="text-align: right;">DECEDENT</div>	
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 with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: PROVA2400066 PROVA2400066 HEARING DATE AND TIME: MAR 11 2024 9:00am DEPT.: F3

1. Publication will be in (specify name of newspaper): City News Record - Ontario

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

2. Petitioner (name each):

JENNIFER MOORE

NOTICE: This Case is assigned to Dept F3
 for all purposes and is subject to CCP 170.6(2)

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): JENNIFER MOORE 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): 10/30/2016 at (place): KINDRED HOSPITAL ONTARIO 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):
 9600 LOMITA COURT ALTA LOMA CA 91701