


ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Cesar Caraveo FIRM NAME: STREET ADDRESS: 8357 Durra Lane CITY: Fontana STATE: CA ZIP CODE: 92335 TELEPHONE NO.: (909)279-4041 FAX NO.: E-MAIL ADDRESS: Cjcar2019@gmail.com ATTORNEY FOR (name): Self	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO APR 14 2025  BY: <u>Dianne Vergara, Deputy</u>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino FONTANA SUPERIOR COURT STREET ADDRESS: 17780 ARROW BLVD MAILING ADDRESS: FONTANA, CA 92335 CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (name): Marisela Carrillo-Galaviz DECEDENT	
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 checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	
CASE NUMBER: PROVA2500312 HEARING DATE AND TIME: MAY 21 2025 9:00AM DEPT.: F2	

1. Publication will be in (specify name of newspaper):

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

2. Petitioner (name each):

Cesar Caraveo

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
 b. (name): Cesar Caraveo 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): 3/2/2025

at (place): 15820 Rainbow Dr. Fontana, CA 92335

- (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): Mexico

c. Street address, city, and county of decedent's residence at time of death (specify):
 15820 Rainbow Dr.

ESTATE OF (name):

DECEDENT

CASE NUMBER:

3. d. Character and estimated value of the property of the estate (complete in all cases):

- (1) Personal property: \$ _____
- (2) Annual gross income from
- (a) real property: \$ _____
- (b) personal property: \$ _____
- (3) **Subtotal** (add (1) and (2)): \$ _____
- (4) Gross fair market value of real property: \$ _____
- (5) (Less) Encumbrances: (\$ _____)
- (6) Net value of real property: \$ _____
- (7) **Total** (add (3) and (6)): \$ _____

- e. (1) ☒ Will waives bond. ☐ Special administrator is the named executor, and the will waives bond.
- (2) ☐ All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)
- (3) ☐ All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency.
- f. (1) ☒ Decedent died intestate.
- (2) ☐ Copy of decedent's will dated: ☐ codicil dated _____ (specify for each):
are affixed as Attachment 3f(2). (Include typed copies of handwritten documents and English translations of foreign-language documents.)
☐ The will and all codicils are self-proving (Prob. Code, § 8220).
- (3) ☐ The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)

g. Appointment of personal representative (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:
- (a) ☐ Proposed executor is named as executor in the will and consents to act.
- (b) ☐ No executor is named in the will.
- (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(1)(c).)
- (d) ☐ Other named executors will not act because of ☐ death ☐ declination
☐ other reasons (specify): _____
- ☐ Continued in Attachment 3g(1)(d).
- (2) Appointment of administrator:
- (a) ☐ Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3g(2)(a).)
- (b) ☐ Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(2)(b).)
- (c) ☒ Petitioner is related to the decedent as (specify): Son
- (3) ☐ Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3g(3).)
- (4) ☐ Proposed personal representative would be a successor personal representative.

h. Proposed personal representative is a

- (1) ☒ resident of California.
- (2) ☐ nonresident of California (specify permanent address): _____
- (3) ☐ resident of the United States.
- (4) ☐ nonresident of the United States.