

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Robert Clavel FIRM NAME: Clavel Law STREET ADDRESS: 5857 Pine Ave STE B CITY: Chino Hills TELEPHONE NO.: (619) 305-0494 E-MAIL ADDRESS: rclavel@trustandwill.com ATTORNEY FOR (name): Robert Smith	STATE BAR NO.: 315-608 STATE: CA ZIP CODE: 91709 FAX NO.:	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT 6/29/2023 7:56 PM By: Taylor McKernan, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. 3rd Street, San Bernardino, CA 92415 MAILING ADDRESS: 247 W. 3rd Street, San Bernardino, CA 92415 CITY AND ZIP CODE: San Bernardino 92415 BRANCH NAME: Probate		
ESTATE OF (name): Robert Smith 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: PROSB2300833
HEARING DATE AND TIME: 8/14/23 9:00 am		DEPT.: \$35

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

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

2. **Petitioner** (name each):

Robert Smith

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): **Robert Smith** 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): **05/28/2023** at (place): **11234 Anderson St, Loma Linda, CA 92324**

- (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):

512 Mill St, Colton, San Bernardino, CA, 92324