ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*
Antoniette Jauregui SBN: 192624
Law Office of Antoniette Jauregui
1894 Commercenter Dr. W 108
San Bernardino, CA 92408

TELEPHONE NO.: (909) 890-2350 FAX NO. *(Optional):* (909) 890-0106
E-MAIL ADDRESS *(Optional):* ajprobatelaw@gmail.com
ATTORNEY FOR *(Name):* Casey Shields and Cynthia Shields

FOR COURT USE ONLY

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

10/29/2026 4:34 PM

By: Jennifer Lay, DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO
STREET ADDRESS: 17780 Arrow Blvd
MAILING ADDRESS: SAME
CITY AND ZIP CODE: Fontana, Ca 92335
BRANCH NAME: Probate Division

ESTATE OF *(Name):*
Mark Arthur Shields
DECEDENT

CASE NUMBER:
PROVA2600837

NOTICE OF PETITION TO ADMINISTER ESTATE OF *(Name):* Mark Arthur Shields

1. To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of *(specify all names by which the decedent was known):*
   Mark Arthur Shields
2. A **Petition for Probate** has been filed by *(name of petitioner):* Casey Shields and Cynthia Shields
   in the Superior Court of California, County of *(specify):* San Bernardino
3. The Petition for Probate requests that *(name):* Casey Shields and Cynthia Shields
   be appointed as personal representative to administer the estate of the decedent.
4. [x] 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.
5. [x] The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
6. **A hearing on the petition will be held in this court as follows:**

   a. Date: 12/16/2026 Time: 9:00am Dept.: F1 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 state your 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 with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of 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.
9. **You may examine the file kept by the court.** If you are a person interested in the estate, you may file with the court a *Request for Special Notice* (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A *Request for Special Notice* form is available from the court clerk.
10. [ ] Petitioner [x] Attorney for petitioner *(name):* Antoniette Jauregui
    (Address): 1894 Commercenter Dr. W 108
    San Bernardino, CA 92408
    (Telephone): (909) 890-2350

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.

Form Adopted for Mandatory Use
Judicial Council of California
DE-121 [Rev. January 1, 2013]

NOTICE OF PETITION TO ADMINISTER ESTATE
(Probate—Decedents' Estates)

Probate Code, §§ 8100, 9100
www.courts.ca.gov

ESTATE OF *(Name)*: Mark Arthur Shields DECEDENT	CASE NUMBER: PROVA2600837

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)*: 1894 Commercenter Dr. W 108
   San Bernardino, CA 92408

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. [x] **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: 10/29/2026 b. Place mailed *(city, state)*: San Bernardino, CA
5. [x] 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: 10/29/2026

Garet Hill
(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.	Casey Shields	71844 Eleanora Ln. Rancho Mirage, CA 92270
2.	Cynthia Shields	3555 Broderick Street# 205 San Francisco, CA 94123
3.		
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.)