

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Jennifer Clark FIRM NAME: STREET ADDRESS: 17442 Blue Water Ct CITY: Riverside STATE: CA ZIP CODE: 92503 TELEPHONE NO.: 909.213.8225 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Jennifer Clark, Petitioner		FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 11/4/2024 12:00 AM By: Michelle Munguia, 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): Gregory Conrad Luke 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: PROVA2400942	
		HEARING DATE AND TIME: 12/17/2024 9AM	DEPT.: F2

1. Publication will be in (specify name of newspaper): **HIGHLAND COMMUNITY NEWS**

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

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

requests that

a. ☐ decedent's will and codicils, if any, be admitted to probate.

b. (name): **Jennifer Clark**

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): **09.26.2024**

at (place): **San Bernardino, 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):

**1795 Buckeye Street
Highland, CA 92346
San Bernardino County**

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

(1) Personal property:	\$	0.00
(2) Annual gross income from		
(a) real property:	\$	0.00
(b) personal property:	\$	0.00
(3) Subtotal (add (1) and (2)):	\$	0.00
(4) Gross fair market value of real property:	\$	553,700.00
(5) (Less) Encumbrances:	(\$	0.00)
(6) Net value of real property:	\$	553,700.00
(7) Total (add (3) and (6)):		\$ 553,700.00

- 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): **DAUGHTER**
 (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.

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4. ☐ Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) ☐ spouse.
 - (2) ☒ no spouse as follows:
 - (a) ☒ divorced or never married.
 - (b) ☐ spouse deceased.
 - (3) ☐ registered domestic partner.
 - (4) ☒ no registered domestic partner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
 - (5) ☒ child as follows:
 - (a) ☒ natural or adopted.
 - (b) ☐ natural adopted by a third party.
 - (6) ☐ no child.
 - (7) ☐ issue of a predeceased child.
 - (8) ☒ no issue of a predeceased child.
- b. Decedent ☐ was ☒ was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the **first** box that applies):
- a. ☐ Decedent was survived by a parent or parents who are listed in item 8.
 - b. ☐ Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
 - c. ☐ Decedent was survived by a grandparent or grandparents who are listed in item 8.
 - d. ☐ Decedent was survived by issue of grandparents, all of whom are listed in item 8.
 - e. ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
 - f. ☒ Decedent was survived by next of kin, all of whom are listed in item 8.
 - g. ☐ Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
 - h. ☐ Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. ☐ Decedent had no predeceased spouse.
 - b. ☐ Decedent had a predeceased spouse who
 - (1) ☐ died not more than 15 years before decedent and who owned an interest in **real property** that passed to decedent,
 - (2) ☐ died not more than five years before decedent and who owned **personal property** valued at \$10,000 or more that passed to decedent, (If you checked (1) or (2), check only the **first** box that applies):
 - (a) ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
 - (b) ☐ Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
 - (c) ☐ Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
 - (d) ☐ Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
 - (e) ☐ Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
 - (3) ☒ neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

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8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
JENNIFER CLARK	38	17442 BLUE WATER COURT
DAUGHTER		RIVERSIDE, CA 9253
STEPHANIE ANNE LUKE	37	9835 WHITEWOOD COURT
DAUGHTER		FONTANA, CA 92335

☐ Continued on Attachment 8.

9. Number of pages attached: - 2 -

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)*

*(Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **10/29/2024**

Jennifer Clark

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: Jennifer Clark FIRM NAME: _____ STREET ADDRESS: 17442 Blue Water Ct CITY: Riverside STATE: CA ZIP CODE: 92503 TELEPHONE NO.: 909.213.8225 FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): Jennifer Clark, Petitioner	FOR COURT USE ONLY
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): Gregory Conrad Luke <div style="text-align: right;">, DECEDENT</div>	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to <i>Petition for Probate*</i>	CASE NUMBER: _____

NOTICE: READ PARAGRAPHS A-G BEFORE YOU SIGN

- A. A bond is a form of insurance to replace assets that may be mismanaged or stolen by the executor or administrator (the estate's **personal representative**). The cost of the bond is paid from the assets of the estate.
- B. A bond may not be required if the decedent's will admitted to probate waives a bond and the court approves.
- C. If the decedent's will does not waive bond, or if the decedent died without a will, the law ordinarily requires the personal representative to give a bond approved and ordered by the court. However, all persons eligible to receive a share of the estate may waive the requirement of a bond. If they all waive bond and the court approves, the personal representative will NOT have to give a bond.
- D. **If bond is not ordered by the court, and the estate suffers loss because the personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the personal representative. If so, your share of the estate may be partially or entirely lost.**
- E. You may waive the requirement of a bond by signing this form and delivering it to the petitioner for appointment of a personal representative or to the petitioner's attorney. Your waiver cannot be withdrawn after the court appoints the personal representative without requiring a bond. However, if you sign a waiver of bond, you may later petition the court to require a bond.
- F. A guardian ad litem or other legal representative with specific authority under law to waive bond must sign for a minor, an incapacitated person, an unascertained beneficiary, or a designated class of persons who are not ascertained or not yet in being. See Judicial Council forms DE-350 and DE-351 and Probate Code section 1003.
- G. **If you do not understand this form, do not sign it until you have asked a lawyer (who is independent of the lawyer for the proposed personal representative) to explain it to you.**

WAIVER

1. I have read and understand paragraphs A through G above.
2. I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
3. I understand that I do not have to waive bond to allow the estate administration to begin or proceed, or to receive my share of the estate.
4. I **WAIVE** the posting of bond in this estate by (name of personal representative): **Jennifer Clark**

Date: 10/29/2024

Jennifer Clark

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))



(SIGNATURE)

**(This form may be filed as an independent form (as form DE-142) OR as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)*

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052024219274

CERTIFICATE OF DEATH

3202436011874

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITES OUTS OR ALTERATIONS VS-11 REV 7/24		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GREGORY		CONRAD		LUKE	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
07/31/1958		66		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		567-21-3115		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/GRUP (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 hours)	
DIVORCED		09/26/2024		1845	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
TRUCK DRIVER		TRUCKING		10	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
1795 BUCKEYE STREET					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
HIGHLAND		SAN BERNARDINO		92346	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
45		CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
JENNIFER CLARK, DAUGHTER		17442 BLUE WATER CT, RIVERSIDE, CA 92503			
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
-		-		-	
31. NAME OF PARENT - FIRST		32. MIDDLE		33. LAST (BIRTH NAME)	
VIRGIL		LEROY		LUKE	
34. BIRTH STATE		35. NAME OF PARENT - FIRST		36. MIDDLE	
UNK		NANETTE		ELIZABETH	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. BIRTH STATE	
ROSEMOND		UNK		UNK	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
RES OF JENNIFER CLARK		CREMATE/RESIDENCE			
17442 BLUE WATER CT, RIVERSIDE, CA 92509		42. SIGNATURE OF EMBALMER			
		NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
-		FAMILY FUNERAL CHAPEL AND CREMATION		FD2034	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
MICHAEL A. SEQUEIRA, MD		10/15/2024		MICHAEL A. SEQUEIRA, MD	
49. PLACE OF DEATH		50. IF HOSPITAL, SPECIFY ONE		51. IF OTHER THAN HOSPITAL, SPECIFY ONE	
REDLANDS COMMUNITY HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SAN BERNARDINO		350 TERRACINA BLVD		REDLANDS	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. TIME INTERVAL BETWEEN DEATH AND DEATH	
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HRS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
A. CARDIOPULMONARY ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. METASTATIC SQUAMOUS CELL CARCINOMA UNSPECIFIED		112. USED IN DETERMINING CAUSE?		113. DECEDENT PREGNANT IN LAST YEAR?	
C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/> H. <input type="checkbox"/> I. <input type="checkbox"/> J. <input type="checkbox"/> K. <input type="checkbox"/> L. <input type="checkbox"/> M. <input type="checkbox"/> N. <input type="checkbox"/> O. <input type="checkbox"/> P. <input type="checkbox"/> Q. <input type="checkbox"/> R. <input type="checkbox"/> S. <input type="checkbox"/> T. <input type="checkbox"/> U. <input type="checkbox"/> V. <input type="checkbox"/> W. <input type="checkbox"/> X. <input type="checkbox"/> Y. <input type="checkbox"/> Z. <input type="checkbox"/> AA. <input type="checkbox"/> AB. <input type="checkbox"/> AC. <input type="checkbox"/> AD. <input type="checkbox"/> AE. <input type="checkbox"/> AF. <input type="checkbox"/> AG. <input type="checkbox"/> AH. <input type="checkbox"/> AI. <input type="checkbox"/> AJ. <input type="checkbox"/> AK. <input type="checkbox"/> AL. <input type="checkbox"/> AM. <input type="checkbox"/> AN. <input type="checkbox"/> AO. <input type="checkbox"/> AP. <input type="checkbox"/> AQ. <input type="checkbox"/> AR. <input type="checkbox"/> AS. <input type="checkbox"/> AT. <input type="checkbox"/> AU. <input type="checkbox"/> AV. <input type="checkbox"/> AW. <input type="checkbox"/> AX. <input type="checkbox"/> AY. <input type="checkbox"/> AZ. <input type="checkbox"/> BA. <input type="checkbox"/> BB. <input type="checkbox"/> BC. <input type="checkbox"/> BD. <input type="checkbox"/> BE. <input type="checkbox"/> BF. <input type="checkbox"/> BG. <input type="checkbox"/> BH. <input type="checkbox"/> BI. <input type="checkbox"/> BJ. <input type="checkbox"/> BK. <input type="checkbox"/> BL. <input type="checkbox"/> BM. <input type="checkbox"/> BN. <input type="checkbox"/> BO. <input type="checkbox"/> BP. <input type="checkbox"/> BQ. <input type="checkbox"/> BR. <input type="checkbox"/> BS. <input type="checkbox"/> BT. <input type="checkbox"/> BU. <input type="checkbox"/> BV. <input type="checkbox"/> BW. <input type="checkbox"/> BX. <input type="checkbox"/> BY. <input type="checkbox"/> BZ. <input type="checkbox"/> CA. <input type="checkbox"/> CB. <input type="checkbox"/> CC. <input type="checkbox"/> CD. <input type="checkbox"/> CE. <input type="checkbox"/> CF. <input type="checkbox"/> CG. <input type="checkbox"/> CH. <input type="checkbox"/> CI. <input type="checkbox"/> CJ. <input type="checkbox"/> CK. <input type="checkbox"/> CL. <input type="checkbox"/> CM. <input type="checkbox"/> CN. <input type="checkbox"/> CO. <input type="checkbox"/> CP. <input type="checkbox"/> CQ. <input type="checkbox"/> CR. <input type="checkbox"/> CS. <input type="checkbox"/> CT. <input type="checkbox"/> CU. <input type="checkbox"/> CV. <input type="checkbox"/> CW. <input type="checkbox"/> CX. <input type="checkbox"/> CY. <input type="checkbox"/> CZ. <input type="checkbox"/> DA. <input type="checkbox"/> DB. <input type="checkbox"/> DC. <input type="checkbox"/> DD. <input type="checkbox"/> DE. <input type="checkbox"/> DF. <input type="checkbox"/> DG. <input type="checkbox"/> DH. <input type="checkbox"/> DI. <input type="checkbox"/> DJ. <input type="checkbox"/> DK. <input type="checkbox"/> DL. <input type="checkbox"/> DM. <input type="checkbox"/> DN. <input type="checkbox"/> DO. <input type="checkbox"/> DP. <input type="checkbox"/> DQ. <input type="checkbox"/> DR. <input type="checkbox"/> DS. <input type="checkbox"/> DT. <input type="checkbox"/> DU. <input type="checkbox"/> DV. <input type="checkbox"/> DW. <input type="checkbox"/> DX. <input type="checkbox"/> DY. <input type="checkbox"/> DZ. <input type="checkbox"/> EA. <input type="checkbox"/> EB. <input type="checkbox"/> EC. <input type="checkbox"/> ED. <input type="checkbox"/> EE. <input type="checkbox"/> EF. <input type="checkbox"/> EG. <input type="checkbox"/> EH. <input type="checkbox"/> EI. <input type="checkbox"/> EJ. <input type="checkbox"/> EK. <input type="checkbox"/> EL. <input type="checkbox"/> EM. <input type="checkbox"/> EN. <input type="checkbox"/> EO. <input type="checkbox"/> EP. <input type="checkbox"/> EQ. <input type="checkbox"/> ER. <input type="checkbox"/> ES. <input type="checkbox"/> ET. <input type="checkbox"/> EU. <input type="checkbox"/> EV. <input type="checkbox"/> EW. <input type="checkbox"/> EX. <input type="checkbox"/> EY. <input type="checkbox"/> EZ. <input type="checkbox"/> FA. <input type="checkbox"/> FB. <input type="checkbox"/> FC. <input type="checkbox"/> FD. <input type="checkbox"/> FE. <input type="checkbox"/> FF. <input type="checkbox"/> FG. <input type="checkbox"/> FH. <input type="checkbox"/> FI. <input type="checkbox"/> FJ. <input type="checkbox"/> FK. <input type="checkbox"/> FL. <input type="checkbox"/> FM. <input type="checkbox"/> FN. <input type="checkbox"/> FO. <input type="checkbox"/> FP. <input type="checkbox"/> FQ. <input type="checkbox"/> FR. <input type="checkbox"/> FS. <input type="checkbox"/> FT. <input type="checkbox"/> FU. <input type="checkbox"/> FV. <input type="checkbox"/> FW. <input type="checkbox"/> FX. <input type="checkbox"/> FY. <input type="checkbox"/> FZ. <input type="checkbox"/> GA. <input type="checkbox"/> GB. <input type="checkbox"/> GC. <input type="checkbox"/> GD. <input type="checkbox"/> GE. <input type="checkbox"/> GF. <input type="checkbox"/> GG. <input type="checkbox"/> GH. <input type="checkbox"/> GI. <input type="checkbox"/> GJ. <input type="checkbox"/> GK. <input type="checkbox"/> GL. <input type="checkbox"/> GM. <input type="checkbox"/> GN. <input type="checkbox"/> GO. <input type="checkbox"/> GP. <input type="checkbox"/> GQ. <input type="checkbox"/> GR. <input type="checkbox"/> GS. <input type="checkbox"/> GT. <input type="checkbox"/> GU. <input type="checkbox"/> GV. <input type="checkbox"/> GW. <input type="checkbox"/> GX. <input type="checkbox"/> GY. <input type="checkbox"/> GZ. <input type="checkbox"/> HA. <input type="checkbox"/> HB. <input type="checkbox"/> HC. <input type="checkbox"/> HD. <input type="checkbox"/> HE. <input type="checkbox"/> HF. <input type="checkbox"/> HG. <input type="checkbox"/> HH. <input type="checkbox"/> HI. <input type="checkbox"/> HJ. <input type="checkbox"/> HK. <input type="checkbox"/> HL. <input type="checkbox"/> HM. <input type="checkbox"/> HN. <input type="checkbox"/> HO. <input type="checkbox"/> HP. <input type="checkbox"/> HQ. <input type="checkbox"/> HR. <input type="checkbox"/> HS. <input type="checkbox"/> HT. <input type="checkbox"/> HU. <input type="checkbox"/> HV. <input type="checkbox"/> HW. <input type="checkbox"/> HX. <input type="checkbox"/> HY. <input type="checkbox"/> HZ. <input type="checkbox"/> IA. <input type="checkbox"/> IB. <input type="checkbox"/> IC. <input type="checkbox"/> ID. <input type="checkbox"/> IE. <input type="checkbox"/> IF. <input type="checkbox"/> IG. <input type="checkbox"/> IH. <input type="checkbox"/> II. <input type="checkbox"/> IJ. <input type="checkbox"/> IK. <input type="checkbox"/> IL. <input type="checkbox"/> IM. <input type="checkbox"/> IN. <input type="checkbox"/> IO. <input type="checkbox"/> IP. <input type="checkbox"/> IQ. <input type="checkbox"/> IR. <input type="checkbox"/> IS. <input type="checkbox"/> IT. <input type="checkbox"/> IU. <input type="checkbox"/> IV. <input type="checkbox"/> IW. <input type="checkbox"/> IX. <input type="checkbox"/> IY. <input type="checkbox"/> IZ. <input type="checkbox"/> JA. <input type="checkbox"/> JB. <input type="checkbox"/> JC. <input type="checkbox"/> JD. <input type="checkbox"/> JE. <input type="checkbox"/> JF. <input type="checkbox"/> JG. <input type="checkbox"/> JH. <input type="checkbox"/> JI. <input type="checkbox"/> JJ. <input type="checkbox"/> JK. <input type="checkbox"/> JL. <input type="checkbox"/> JM. <input type="checkbox"/> JN. <input type="checkbox"/> JO. <input type="checkbox"/> JP. <input type="checkbox"/> JQ. <input type="checkbox"/> JR. <input type="checkbox"/> JS. <input type="checkbox"/> JT. <input type="checkbox"/> JU. <input type="checkbox"/> JV. <input type="checkbox"/> JW. <input type="checkbox"/> JX. <input type="checkbox"/> JY. <input type="checkbox"/> JZ. <input type="checkbox"/> KA. <input type="checkbox"/> KB. <input type="checkbox"/> KC. <input type="checkbox"/> KD. <input type="checkbox"/> KE. <input type="checkbox"/> KF. <input type="checkbox"/> KG. <input type="checkbox"/> KH. <input type="checkbox"/> KI. <input type="checkbox"/> KJ. <input type="checkbox"/> KL. <input type="checkbox"/> KM. <input type="checkbox"/> KN. <input type="checkbox"/> KO. <input type="checkbox"/> KP. <input type="checkbox"/> KQ. <input type="checkbox"/> KR. <input type="checkbox"/> KS. <input type="checkbox"/> KT. <input type="checkbox"/> KU. <input type="checkbox"/> KV. <input type="checkbox"/> KW. <input type="checkbox"/> KX. <input type="checkbox"/> KY. <input 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Michael A. Sequeira M.D.
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COUNTY HEALTH OFFICER
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