

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: <b>Brian John Holohan, Esq.</b> (SBN 121642) FIRM NAME: <b>Law Offices of Brian John Holohan</b> STREET ADDRESS: <b>104 E. Olive Avenue, Suite 102; P.O. Box 9476</b> CITY: <b>Redlands</b> STATE: <b>CA</b> ZIP CODE: <b>92375</b> TELEPHONE NO.: <b>909-798-9588</b> FAX NO.: <b>909-798-2412</b> E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Melissa Tempel</b>	<b>FOR COURT USE ONLY</b>  <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT  <b>AUG 30 2023</b>  BY <u>Jasmin Espejo</u> <b>JASMIN ESPEJO, DEPUTY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Bernardino</b> STREET ADDRESS: <b>247 W. Third Street</b> MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>San Bernardino, California 92415</b> BRANCH NAME: <b>Probate</b>	CASE NUMBER: <b>PROVA2300062</b>
ESTATE OF (name): <b>Ruth Mary Guy</b>  <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 checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	HEARING DATE AND TIME: <b>OCT 16 2023 9:00am</b>
	DEPT.: <b>F2</b>

1. Publication will be in (specify name of newspaper): **Redlands City News**

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

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

**requests that**

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
 b. (name): **Melissa Tempel**  
     (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):

be appointed

**DOUGLAS MANN**  
 NOTICE: This Case is assigned to Dept F2  
 for all purposes and is subject to CCP 170.6(2)

3. a. Decedent died on (date): **08-27-2021** at (place): **Redlands, California**  
     (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):  
**11006 Iowa Street**  
**Redlands, California 92373**

ESTATE OF (name):  
Ruth Mary Guy

CASE NUMBER:

DECEDENT

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)): \$ 0.00
- (4) Gross fair market value of real property: \$ 188,266.00
- (5) (Less) Encumbrances: (\$ )
- (6) Net value of real property: \$ 188,266.00
- (7) Total (add (3) and (6)): \$ 188,266.00

- 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): Granddaughter
- (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.

PETITION FOR PROBATE  
(Probate-Decedents Estates)

TEMPEL, MELISSA

ESTATE OF (name): Ruth mary Guy

CASE NUMBER:

DECEDENT

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.

ESTATE OF (name): Ruth Mary Guy	CASE NUMBER:
DECEDENT	

8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
Ruth E. Guy, Daughter	Adult	34603 Avenue C Yucaipa, California 92399
Melissa Tempel, Granddaughter	Adult	34603 Avenue C Yucaipa, California 92399
Karen Guy, Granddaughter	Adult	24434 University Avenue Loma Linda, CA
William James Guy, Grandson	Adult	9500 Etiwanda Avenue Rancho Cucamonga, CA 91739

☐ Continued on Attachment 8.

9. Number of pages attached: 3

Date: 8-21-23

Brian John Holohan, Esq.

(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: 8-21-23

Melissa Tempel

(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.

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ESTATE OF (Name): <b>Ruth Mary Guy</b> <div style="text-align: right;">, DECEDENT</div>	
<b>WAIVER OF BOND BY HEIR OR BENEFICIARY</b> <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) **Melissa Tempel**

Date: **8-21-23**

**Melissa Tempel**

(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).)*

Form Adopted for Mandatory Use  
Judicial Council of California  
DE-142/DE-111(A-3e) [Rev. July 1, 2017]

**WAIVER OF BOND BY HEIR OR BENEFICIARY**  
(Probate—Decedents Estates)

Probate Code, § 8481  
www.courts.ca.gov

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# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052021237957

## CERTIFICATE OF DEATH

3202136014404

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE	
RUTH		MARY	
3. LAST (Family)		4. DATE OF BIRTH	
GUY		05/28/1930	
5. AGE Yrs.		6. SEX	
91		F	
7. DATE OF DEATH		8. HOUR (24 Hours)	
08/27/2021		1226	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES		12. DECEASED'S RACE - Up to 3 codes may be listed (see instruction on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
13. DECEASED'S PLACE - Up to 3 codes may be listed (see instruction on back)		14. DECEASED'S PLACE - Up to 3 codes may be listed (see instruction on back)	
SOME COLLEGE		MEXICAN AMERICAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
INSTRUCTIONAL AIDE		SCHOOL DISTRICT	
17. USUAL RESIDENCE (Street and number, or location)		18. YEARS IN OCCUPATION	
11006 IOWA STREET		25	
19. CITY		20. COUNTY/PROVINCE	
REDLANDS		SAN BERNARDINO	
21. ZIP CODE		22. YEARS IN COUNTY	
92373		90	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		MELISSA TEMPEL, GRANDDAUGHTER	
25. ADDRESS OF DECEASED (Street and number, or location)		26. ADDRESS OF DECEASED (Street and number, or location)	
34803 AVENUE C, YUCAIPA, CA 92385		34803 AVENUE C, YUCAIPA, CA 92385	
27. NAME OF SURVIVING SPOUSE/STEP - FIRST		28. MIDDLE	
-		-	
29. LAST (BIRTH NAME)		30. BIRTH DATE	
-		-	
31. NAME OF FATHER - FIRST		32. MIDDLE	
JOHN		-	
33. LAST (BIRTH NAME)		34. BIRTH DATE	
ESTRADA		MEXICO	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
RITA		-	
37. LAST (BIRTH NAME)		38. BIRTH DATE	
VINDIOLA		AZ	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
08/28/2021		RIVERSIDE NATIONAL CEMETERY	
41. TYPE OF DISPOSITION		42. SIGNATURE OF DECEASED	
BU		NOT EMBALMED	
43. NAME OF FUNERAL HOME/RECEIPT		44. LICENSE NUMBER	
ARLINGTON MORTUARY		FD1033	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE	
MICHAEL A. SEQUEIRA, MD		09/27/2021	
47. PLACE OF DEATH		48. PLACE OF DEATH	
RESIDENCE		RESIDENCE	
49. COUNTY		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SAN BERNARDINO		11006 IOWA STREET	
51. CITY		52. CITY	
REDLANDS		REDLANDS	
53. CAUSE OF DEATH		54. SIGNATURE OF DECEASED	
ACUTE RENAL FAILURE		NOT EMBALMED	
55. CORONARY ARTERY DISEASE		56. SIGNATURE OF DECEASED	
HYPERTENSION		NOT EMBALMED	
57. ABDOMINAL PAIN, SEVERE CONSTIPATION		58. SIGNATURE OF DECEASED	
59. SIGNATURE OF DECEASED		60. SIGNATURE OF DECEASED	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF DECEASED	
63. SIGNATURE OF DECEASED		64. SIGNATURE OF DECEASED	
65. SIGNATURE OF DECEASED		66. SIGNATURE OF DECEASED	
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97. SIGNATURE OF DECEASED		98. SIGNATURE OF DECEASED	
99. SIGNATURE OF DECEASED		100. SIGNATURE OF DECEASED	

## CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED

NOV 01 2021

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Michael A. Sequeira MD  
MICHAEL A. SEQUEIRA, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



