

IN THE MATTER OF: Estate of Van H. Pierce	CASE NUMBER: PRMC2201318
<b>Riverside County Mandatory Attachment to Form DE-111</b>	

(Continued from Petition for Probate (form DE-111).)

10. I have enclosed a true and correct copy of the decedent's death certificate (with social security number redacted), as required by Local Rule 7200.
11. (Check one of the following):
- a. ☐ This is a petition for appointment of a special administrator without general powers, and without power to sell real property.
  - b. ☐ The decedent's estate does not include any interest in real property.
  - c. ☒ The physical and mailing addresses of all real property in which the decedent's estate owns an interest is listed in attachment 11c as required by Local Rule 7132.
12. I have completed an internet search to identify and locate the heirs of the decedent as required by Local Rule 7132. A true and correct copy of the entry related to the decedent from each website or, if none, the listing of results, is enclosed as attachment 12.
13. (Check one of the following):
- a. ☐ Petitioner requests appointment with the bond required by Probate Code 8482.
  - b. ☒ Petitioner requests either no bond or a minimum bond of \$30,000 based on the will waiving bond or bond waivers filed by all heirs. To support this request, petitioner alleges as follows as required by Local Rule 7203:
    - (1) The decedent is expected to owe the following taxes:
 

i State income tax:	\$ 0
ii Federal income tax:	\$ 0
iii Real and personal property tax:	\$ 0
Total:	\$ 0
    - 2) The decedent's known and reasonably-ascertainable unsecured or contingent creditors are as follows:

Name of Creditor	Address	Maximum Potential Liability
None		
Total:		

IN THE MATTER OF:

Estate of Van H. Pierce

CASE NUMBER:

PRMC2201318

3) The estate is expected to be: ☒ solvent ☐ insolvent

4) The efforts taken to obtain the above information were as follows:

☐ Reviewed decedent's mail for \_\_\_\_\_ days

☐ Reviewed current utility bills

☐ Reviewed current property tax bills

☐ Reviewed bank statements for the last \_\_\_\_\_

☐ Reviewed most recent income tax returns

☒ Other: Discussed decedents debts, taxes, etc, with David Taylor, boyfriend of 25+ years

14. (Select the appropriate option)

a. ☒ Decedent was not married or in a registered domestic partnership at the time of death.

b. ☐ Decedent was married or in a registered domestic partnership at the time of death. (Select the appropriate option below:)

i. ☐ Petitioner does not intend to administer the share of the estate passing to the spouse / registered domestic partner in this estate because:

(aa) ☐ A spousal property petition was filed on (date): \_\_\_\_\_

(ab) ☐ Petitioner believes a spousal property petition will be filed, or is not necessary (specify reason(s)): \_\_\_\_\_

☐ Continued on attachment 14

ii. ☐ Petitioner intends to administer the share of the estate passing to the spouse / registered domestic partner in this estate. A Consent to Administer Property Passing to Surviving Spouse / Domestic Partner (Riverside County Local Form RI-PR104)

(aa) ☐ is enclosed as attachment 14.

(ab) ☐ was filed on (date): \_\_\_\_\_, and a copy is attached as attachment 14.

(ac) ☐ is not necessary for the following reason(s) (explain): \_\_\_\_\_

☐ Continued on attachment 14

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: 11/30/23

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

Jonyson A. Pierce, In Pro Per

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

☐ Signatures of additional petitioners follow last attachment.



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052019251209

## CERTIFICATE OF DEATH

3201933015599

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) VAN		2. MIDDLE H.	
3. LAST (Family) PIERCE			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) PHAM TI VAN HA		4. DATE OF BIRTH mm/dd/ccyy 02/01/1947	
5. AGE Yrs. 72		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY VIETNAM		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 00		14. WAS DECENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) VIETNAMESE		16. DATE OF DEATH mm/dd/ccyy 11/30/2019	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMMISSARY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY	
19. YEARS IN OCCUPATION 25			
20. DECEDENT'S RESIDENCE (Street and number, or location) 32411 RICKS DRIVE			
21. CITY WILDOMAR		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92595		24. YEARS IN COUNTY 8	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JONYSON PIERCE, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2500 SANTA YSABEL AVENUE, FULLERTON, CA 92831	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST UNKNOWN		32. MIDDLE -	
33. LAST UNKNOWN		34. BIRTH STATE VIETNAM	
35. NAME OF MOTHER/PARENT - FIRST UNKNOWN		36. MIDDLE -	
37. LAST (BIRTH NAME) UNKNOWN		38. BIRTH STATE VIETNAM	
39. DISPOSITION DATE mm/dd/ccyy 12/16/2019		40. PLACE OF FINAL DISPOSITION RES SHANNON BIVENS 2500 SANTA YSABEL AVENUE, FULLERTON, CA 92831	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MURRIETA VALLEY FUNERAL HOME	
45. LICENSE NUMBER FD1853		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/ccyy 12/16/2019			
101. PLACE OF DEATH INLAND VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>			
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 36485 INLAND VALLEY DRIVE	
106. CITY WILDOMAR			
107. CAUSE OF 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. (A) SEPTIC SHOCK (B) MULTIORGAN FAILURE (C) ISCHEMIC BOWEL (D) CHRONIC RENAL FAILURE		Time Interval Between Onset and Death (AT) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (BT) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (CT) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) YRS <input type="checkbox"/> YES <input type="checkbox"/> NO	
108. DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/ccyy 11/30/2019		115. SIGNATURE AND TITLE OF CERTIFIER ADNAN BEGOVIC M.D.	
116. LICENSE NUMBER A79574		117. DATE mm/dd/ccyy 12/15/2019	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DIANA JO HYLTON M.D. 36485 INLAND VALLEY DRIVE, WILDOMAR, CA 92595			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

## CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS  
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

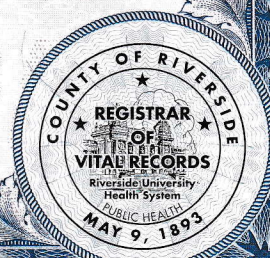
DATE ISSUED **Dec 18, 2019**

PRNCO (REV) 05/18

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

Dr. Cameron Kaiser, M.D., County Health Officer  
RIVERSIDE COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





ATTACHMENT 11C

414 W. Locust Street, Ontario, CA 91762