

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Scott J. Sheldon, SBN 290258 FIRM NAME: Law Office of Scott J. Sheldon STREET ADDRESS: 10788 Civic Center Drive CITY: Rancho Cucamonga STATE: CA ZIP CODE: 91730 TELEPHONE NO.: (909) 660-3062 FAX NO.: E-MAIL ADDRESS: scottsheldon@sheldonlawgroup.com ATTORNEY FOR (name): Petitioner, JENNIFER ANDERSON	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT 4/28/2023 10:43 AM By: Amy Reyes, DEPUTY				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 West Third Street MAILING ADDRESS: (same) CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: San Bernardino District - Probate Division					
ESTATE OF (name): LEONARD J. JOHNSON <div style="text-align: right;">DECEDENT</div>					
PETITION FOR <input checked="" 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 <input type="checkbox"/> with Will Annexed <input 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: PROSB2300532 <table style="width: 100%;"> <tr> <td style="width: 60%;">HEARING DATE AND TIME:</td> <td style="width: 40%;">DEPT.:</td> </tr> <tr> <td>06/08/23 9:00 am</td> <td>S35</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:	06/08/23 9:00 am	S35
HEARING DATE AND TIME:	DEPT.:				
06/08/23 9:00 am	S35				

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

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

2. Petitioner (name each):

JENNIFER ANDERSON

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
- b. (name): JENNIFER ANDERSON 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): November 27, 2022 at (place): Yucaipa, California (San Bernardino County)
- (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):
7211 Poppett Drive, Highland, CA 92346

ESTATE OF (name):

LEONARD J. JOHNSON
DECEDENT

CASE NUMBER:

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

- (1) Personal property: \$25,000
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 25,000
- (4) Gross fair market value of real property: \$ 520,000
- (5) (Less) Encumbrances: (\$ 268,000)
- (6) Net value of real property: \$ 252,000
- (7) Total (add (3) and (6)): \$ 277,000

- 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: July 23, 2018 ☐ 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):
- (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.

ESTATE OF (name):

LEONARD J. JOHNSON
DECEDENT

CASE NUMBER:

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):	LEONARD J. JOHNSON DECEDENT	CASE NUMBER:
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8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
JENNIFER ANDERSON, Daughter aka Jenny Anderson	Adult	11774 Pendleton Road, Yucaipa, CA 92399
Christopher Johnson, Son aka Chris Johnson	Adult	33586 El Centro Ave., Hemet, CA 92545
Michael Anderson, Jr., Grandson aka Michael Thomas Anderson Jr. aka Mike Jr.	Adult	11774 Pendleton Road, Yucaipa, CA 92399
Jessica Johnson, Granddaughter	Adult	33586 El Centro Ave., Hemet, CA 92545
Michael Anderson, Son-In-Law aka Mike Sr.	Adult	11774 Pendleton Road, Yucaipa, CA 92399

☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date: 4/11/2023

Scott J. Sheldon

(TYPE OR PRINT NAME OF ATTORNEY)

DocuSigned by:

Scott J. Sheldon

3ECC3DEA6395469...

(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: 4/8/2023

JENNIFER ANDERSON

(TYPE OR PRINT NAME OF PETITIONER)

DocuSigned by:

Jennifer Anderson

2B515AF81EC448A

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

SHORT TITLE: ESTATE OF LEONARD J. JOHNSON	CASE NUMBER:
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ATTACHMENT (Number): 3f(2)*(This Attachment may be used with any Judicial Council form.)*

Copy of Will and Typed Copy of Will

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 7*(Add pages as required)*

LAST WILL AND TESTAMENT OF
LEONARD JOHNSON JULY 23, 1918

I Leonard Johnson, AKA Leonard Johnson, AKA Leonard William Johnson, AKA Johnson, resident of Highland City, County of San Bernardino, California, do hereby declare, state or otherwise say the following is to be my last Will and Testament. I further state that I have written a previous similar document that cannot be located and I now declare that writing to be null and void.

I am a widowed man with two living children whose names are Christopher Len Johnson and Jennifer Marie Anderson. I also have two grandchildren whose names are Michael Thomas Anderson Jr. and Jessica Sterling Johnson. There are no other legitimate heirs to my estate.

It is my desire and decision that all proceeds of my estate, including but not limited to cash on hand, checking and savings account funds with Arrowhead Credit Union, all financial accounts managed by Ray Prospero at Merrill Lynch, stock investments in partnership with Devin Adkins, Jerry

Tangerman and Mike Coe, life insurance policy held by SEBA, and any other insurance policies that may be in effect, single family residence at 2211 Popsett Dr., Highland Ca and any other non-specified estate holdings, proceeds etc, to be equally divided between above named children and grandchildren who are still alive at time of my death.

Specified and Dedicated Items

I declare the following specific items to be separate and apart from the above named assets and not subject to equal distribution.

- 1999 AMERICAN EAGLE MOTORHOME AND S.U. SANDRAIL TO JENNY.
- VW SANDRAIL AND CARSON ENCLOSED TRAILER, 2006 FORD F-250 FORD TRUCK AND 1993 TOYOTA PICKUP TO CHRIS.
- OLD COIN COLLECTION AND 357 COLT REVOLVER TO JENNY ~~AND~~ MIKE JR.
- S+W 38 REVOLVER TO JESSICA
- 12 GA. PUMP SHOTGUN TO ~~MIKE~~ MIKE JR.
- 9mm S+W SEMIAUTO TO CHRIS ALSO RUGER MINI 14.
- ONE OUNCE SILVER COINS AND CHANGE JUG TO JESSICA

- 2020 SUBARU TO JENNY ASSUMING SHE TAKES OVER ANY REMAINING FINANCIAL ~~DEBT~~ OBLIGATION.
- CEMENT MIXER, MASONRY TOOLS AND CHAIN SAW TO MIKE JR.
- ALL TOOLS IN GARAGE, MOTORHOME OR OTHER VEHICLES ARE TO BE COMBINED FOR PREPARATION OF A COMPLETE TOOL SET FOR MIKE JR. AS DECIDED BY CHRIS AND MIKE SR. LEFTOVER TOOLS ARE SUBJECT TO JESSICA'S CHOICE IF WANTED. ALL REMAINING TOOLS GO WITH MOTORHOME AS WELL AS ITEMS SPECIFIC TO RV USE.

REMAINING ESTATE PROPERTY

all remaining estate items of value may be taken by any of the four named heirs assuming there is mutual consent and agreement. any item of dissent or non agreement shall be sold and proceeds equally divided by all four heirs.

EXECUTOR

I appoint my daughter Jenny to be estate executor without need for bond or other or other security. I again

this writing to be my last will
and testament

~~Leonard Johnson~~
~~Leonard Johnson~~
~~Leonard Johnson~~
~~Johnnie Johnson~~

7-23-18 written at my residence
without decess or witness.

LAST WILL AND TESTAMENT OF LEONARD JOHNSON JULY 23, 1918

I Leonard Johnson, AKA Leonard Johnnie Johnson, AKA, Leonard William Johnson, AKA Johnnie Johnson, resident of Highland City, County of San Bernardino California, do hereby declare, state or otherwise say the following is to be my Last Will and Testament. I further state that I have written a previous similar document that cannot be located and I now declare that writing to be null and void.

I am a widowed man with two living children whose names are Christopher Len Johnson and Jennifer Marie Anderson. I also have two grandchildren whose names are Michael Thomas Anderson, Jr. and Jessica Sterling Johnson. There are no other legitimate heirs to my estate.

It is my desire and decision that all proceeds of my estate, including but not limited to cash on hand, checking and savings account funds with Arrowhead Credit Union, all financial accounts managed by Ray Prospero at Merrill Lynch, stock investments in partnership with Devin Adkins, Jerry

Page 1 of

Page 2 of 4

Tangerman and Mike Coe, life insurance policy held by SEBA, and any other insurance policies that may be in effect, single family residence at 7211 Poppett dr., Highland Ca and any other non-specified estate holdings, proceeds, etc, to be equally divided between above named children and grandchildren who are still alive at time of death.

Specified and Dedicated Terms

I declare the following specific items to be separate and apart from the above named assets and not subject to equal distribution.

- 1999 AMERICAN EAGLE MOTORHOME AND S.U. SANDRAIL TO JENNY
- VW SANDRAIL AND CARSON ENCLOSED TRAILER, 2006 FORD F-250 FORD TRUCK AND 1993 TOYOTA PICKUP TO CHRIS.
- OLD COIN COLLECTION AND 357 COLT REVOLVER TO JENNY AD AND MIKE JR.
- S&W 38 REVOLVER TO JESSICA.
- 12 GA. PUMP SHOTGUN TO K MIKE JR.
- 9MM S&W SEMIAUTO TO CHRIS ALSO RUGER MINI 14.
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EXECUTOR

I appoint my daughter Jenny to be estate executor without need for bond or other security, & again

this writing to be my last will and testament

Leonard Johnson
Leonard J. Johnson
Leonard Johnnie Johnson
Johnnie Johnson

7-23-18 Written at my residence without duress or witness.

SHORT TITLE:

CASE NUMBER:

ESTATE OF LEONARD J. JOHNSON

ATTACHMENT (Number): Death Cert.*(This Attachment may be used with any Judicial Council form.)*

Attachment to Petition for Probate

Death Certificate of Decedent of Decedent, LEONARD J. JOHNSON

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 2*(Add pages as required)*

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

3052022274587

CERTIFICATE OF DEATH

3202236015788

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given): LEONARD		2. MIDDLE J.	
3. LAST (Family): JOHNSON		4. DATE OF BIRTH mm/dd/yyyy 05/08/1945	
5. AGE Yrs 77		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 1471	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level Degree (see worksheet on back) ASSOCIATE		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. DATE OF DEATH mm/dd/yyyy 11/27/2022	
18. HOURS (24 Hours) 1408		19. YEARS IN OCCUPATION 29	
20. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED DEPUTY SHERIFF		21. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW ENFORCEMENT	
22. DECEDENT'S RESIDENCE (Street and number, or location) 7211 POPPETT DR			
23. CITY HIGHLAND		24. COUNTY/PROVINCE SAN BERNARDINO	
25. ZIP CODE 92346		26. YEARS IN COUNTY 58	
27. STATE/FOREIGN COUNTRY CA		28. INFORMANT'S NAME, RELATIONSHIP JENNIFER ANDERSON, DAUGHTER	
29. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 11774 PENDLETON RD, YUCAIPA, CA 92399		30. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
31. MIDDLE -		32. LAST (BIRTH NAME) -	
33. NAME OF FATHER/PARENT - FIRST LEE		34. MIDDLE -	
35. LAST JOHNSON		36. BIRTH STATE KY	
37. NAME OF MOTHER/PARENT - FIRST DOROTHY		38. MIDDLE HELEN	
39. LAST (BIRTH NAME) MEADOR		40. BIRTH STATE TX	
41. DEPOSITION DATE mm/dd/yyyy 12/01/2022		42. PLACE OF FINAL DISPOSITION RES OF JENNIFER ANDERSON 11774 PENDLETON RD, YUCAIPA, CA 92399	
43. TYPE OF DISPOSITION CREMATION/RESIDENCE		44. SIGNATURE OF EMBALMER NOT EMBALMED	
45. NAME OF FUNERAL ESTABLISHMENT MARK B SHAW FUNERAL DIRECTORS		46. LICENSE NUMBER FD406	
47. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD		48. DATE mm/dd/yyyy 12/01/2022	
49. PLACE OF DEATH DAUGHTER'S RESIDENCE		50. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> P <input type="checkbox"/> SNOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
51. COUNTY SAN BERNARDINO		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11774 PENDLETON RD	
53. CITY YUCAIPA		54. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
55. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) IN METASTATIC PROSTATE CANCER		56. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. CAUSE OF DEATH Sequitally, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		58. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC OBSTRUCTIVE PULMONARY DISEASE		60. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		62. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
63. 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: 12/15/2016 Decedent Last Seen Alive: 06/15/2022		64. SIGNATURE AND TITLE OF CERTIFIER MARK K. ILAGAN, DO	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARK K. ILAGAN, DO 1717 E DATE PLACE, SAN BERNARDINO, CA 92404		66. LICENSE NUMBER 20A14538	
67. DATE 12/01/2022		68. DATE 12/01/2022	
69. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		70. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		72. INJURY DATE mm/dd/yyyy	
73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		74. HOURS (24 Hours)	
75. LOCATION OF INJURY (Street and number, or location, and city, and zip)		76. SIGNATURE OF CORONER / DEPUTY CORONER	
77. DATE mm/dd/yyyy		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
79. STATE REGISTRAR		80. FAX AUTH.#	
81. CENSUS TRACT		82. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

DEC 06 2022

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.

PHNCO (Rev) 8/02

* 003109700 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE