

ESTATE OF (name): EDNA MARILYN STELLO aka (See Attachment Form MC-025)
DECEDENT

CASE NUMBER:

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: \$ 465,000.00
- (5) (Less) Encumbrances: (\$ 347,455.00)
- (6) Net value of real property: \$ 117,545.00
- (7) **Total** (add (3) and (6)): \$ 117,545.00

- 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: 09/06/2012 ☐ 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): EDNA MARILYN STELLO aka (See Attachment Form MC-025)
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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.

DE-111

ESTATE OF (name): EDNA MARILYN STELLO aka (See Attachment Form MC-025) DECEDENT	CASE NUMBER:
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8. Name and relationship to decedent	Age	Address
Stacey Anne Sackewitz (Daughter) (Petitioner)	Adult	11031 Shaw St., Alta Loma, CA 91701
Marilyn (Lyn) Anne Frees (Daughter)	Adult	7418 Archibald Ave., Apt #112, Rancho Cucamonga, CA 91730
Barbara Terese Jackson (Daughter)	Adult	9993 Timbermist Ct., Alta Loma, CA 91737
Susan Maria Leal (Daughter)	Adult	23149 E. Mayberry Rd., Queen Creek, AZ 85142
Danielle Renee Fisher (Granddaughter) (Daughter of Nancy Louise Dick - Deceased)	Adult	2671 Greenwood Rd., Greenwood, CA 95635
Genna Gabrielle Sari (Granddaughter)	Adult	3848 Taconite Rd., San Bernardino, CA 92407
Gianna Michelle Rose Feige (Granddaughter)	Adult	725 S. Quartzite Circle, Tea, SD 57064
Tessa Alexandra Jackson (Granddaughter)	Adult	391 Montclair Dr. Space 198, Big Bear City, CA 92314
Savanah Rochelle Leal (Granddaughter)	Adult	3700 E. Williams Field Rd., Apt 3146, Gilbert, AZ 85295
Zachary Cole Leal (Grandson)	Adult	18504 Beach Blvd. #225, Huntington Beach, CA 92648

☒ Continued on Attachment

9. Number of pages attached: 13

Date: 08/15/2024

Scott J. Sheldon
(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: 8/18/2024

Stacey Anne Sackewitz
(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.

SHORT TITLE: Estate of EDNA MARILYN STELLO	CASE NUMBER:
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ATTACHMENT (Number): 1*(This Attachment may be used with any Judicial Council form.)*

ATTACHMENT TO DE-111, Petition for Probate:

Continuation of Case Caption with Decedent's Aliases:

MARILYN STELLO aka E. MARILYN STELLO aka MARILYN EDNA STELLO aka MARILYN E.
STELLO

(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 1*(Add pages as required)*

NOTICE: READ PARAGRAPHS A–G BEFORE YOU SIGN

- # WAIVER

- (SIGNATURE)

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

DE-142/DE-111(A-3e)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 290258 NAME: Scott J. Sheldon 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, STACEY ANNE SACKEWITZ	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: Fontana District - Probate	
ESTATE OF (Name): EDNA MARILYN STELLO aka MARILYN STELLO aka MARILYN E, DECEDENT	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	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 partly 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.**

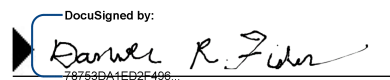
WAIVER

- I have read and understand paragraphs A through G above.
- 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.
- 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.
- I **WAIVE** the posting of bond in this estate by (name of personal representative): **STACEY ANNE SACKEWITZ**

Date: 8/18/2024

Danielle Renee Fisher

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

DocuSigned by:

 78753DA1ED2F496... (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).)**

DE-142/DE-111(A-3e)

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ESTATE OF (Name): EDNA MARILYN STELLO aka MARILYN STELLO aka MARILYN E, DECEDENT	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER:

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WAIVER

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Date: 8/18/2024

Marilyn Anne Frees

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

 Signed by:

 E168AEE90B144F3...

(SIGNATURE)

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DE-142/DE-111(A-3e)

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ESTATE OF (Name): EDNA MARILYN STELLO aka MARILYN STELLO aka MARILYN E, DECEDENT	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER:

NOTICE: READ PARAGRAPHS A–G BEFORE YOU SIGN

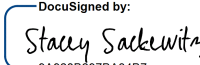
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WAIVER

- 1. I have read and understand paragraphs A through G above.
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- 4. I WAIVE the posting of bond in this estate by (name of personal representative): **STACEY ANNE SACKEWITZ**

Date: 8/18/2024

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

DocuSigned by:

9A928B297BA34B7...

(SIGNATURE)

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DE-142/DE-111(A-3e)

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<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</p> <p>STREET ADDRESS: 17780 Arrow Blvd.</p> <p>MAILING ADDRESS: (same)</p> <p>CITY AND ZIP CODE: Fontana, CA 92335</p> <p>BRANCH NAME: Fontana District - Probate</p>	
<p>ESTATE OF (Name):</p> <p>EDNA MARILYN STELLO aka MARILYN STELLO aka MARILYN E, DECEDENT</p>	
<p style="text-align: center;">WAIVER OF BOND BY HEIR OR BENEFICIARY</p> <p><input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*</p>	<p>CASE NUMBER:</p>

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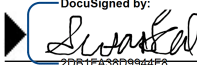
WAIVER

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- 4. I WAIVE the posting of bond in this estate by (name of personal representative): **STACEY ANNE SACKEWITZ**

Date: 8/17/2024

Susan Maria Leal

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

DocuSigned by:

 2D81FA38D9944F6...

(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).)**

SHORT TITLE: Estate of EDNA MARILYN STELLO	CASE NUMBER:
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ATTACHMENT (Number): 3f(2)

(This Attachment may be used with any Judicial Council form.)

Attachment to Probate Petition

Will Dated 09/02/12

(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 4
(Add pages as required)

LAST WILL AND TESTAMENT OF

MARILYN E. STELLO (aka E. MARILYN STELLO, EDNA M. STELLO)

I, **MARILYN E. STELLO**, a resident of the **STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO** being of sound mind and memory, do hereby declare that this is my last will. My Social Security number is **3460**.

FIRST: I revoke all former wills and codicils that I have previously made.

SECOND: I give, devise, and bequeath my entire estate including:

All my worldly goods.

I give my entire estate as follows equally to my surviving children:

MARILYN ANNE FREES; BARBARA TERESE JACKSON; SUSAN MARIA LEAL; STACEY ANNE SACKEWITZ.

In the event that one of my children should die before me, that person's share of my estate should be equally divided between her children.

THIRD: I direct all my just debts and funeral expenses be paid as soon as possible after my death.

FOURTH: I name **STACEY ANNE SACKEWITZ** as personal representative (executor) of this will without bond. If this person or institution shall for any reason fail to qualify or cease to act as personal representative, I name **SUSAN MARIA LEAL** as personal representative, again without bond, instead.

FIFTH: I hereby empower my Executor to sell property, real or personal, for cash or on time, without an order of Court, at such time and upon such terms and conditions as shall seem best.

All tangible personal property will be given accordance with the attached **Exhibit A.**

Marilyn E. Stello *9/6/12*
Marilyn E. Stello Date

Updated September 6, 2012

EXIBIHIT A

To Susan: My 2-1/2 Carat Diamond Earrings (to be kept in the family)

To Stacey: My Diamond Ring (to be kept in the family)

To Barbara: My Diamond Watch

To Lyn; My Cuckoo clock

To Danielle: My Angel collection

To Genna: My Blue zircon and diamond necklace and earring set

To Gianna: My Gold and Diamond necklace (My birthday present from Grandpa on my 65th birthday. There is a card in the box from Papa so you will know which one this is.

To Tessa: My Diamond studs that your Mom gave me and my Ruby and Diamond Ring and Ruby stud earrings

To Savannah: My 2 Carat expensive Zircon earrings and my thick gold chain.

Zachary: My electric cheese grater

Each of the boys, Zachary Leal, Robert Sackewitz and Hayden Sackewitz Should each will receive \$200.00 in cash in lieu of jewelry and can take whatever jewelry is left for their future brides.

Marilyn (Lyn) should take whatever she wants. I have lots of jewelry in both my jewelry boxes. In addition, she should have my computer.

There is a "tear drop" diamond (or zircon) that David gave me many Christmases ago that Danielle might like. I think Danielle might like my small green Holiday album as it begins with her Mom's first Christmas on 47 Garden Street, Teaneck, NJ.

There is a lot of miscellaneous good gold and rhinestone jewelry. I suggest putting names in a "hat" and let them choose what my children/grandchildren want this way if they want anything.

There is a ring in my jewelry box, slim silver that was my Mom's; the thicker one was mine.

There is a gold locket with my initials on it was Aunt Marie gave me when I graduated from 9th grade in Teaneck, NJ Junior High School as it was called then.

The Irish Cross necklace that JoAnne gave me for my 80th birthday should go back to JoAnne.

My birthstone necklace from my brother for my 80th birthday should go back to Liz if she wants it; if not, give it to my sister Dottie.

I would suggest all the expensive glittery jewelry be kept in one place so that the girls (or boys for their dates) can choose from is they want to wear them to formal functions. etc. I have already given some of it to Gianna and Savannah to share.

My car (if it's still in good condition) should go to whoever needs it most.

GENERAL INSTRUCTIONS FOR DISPOSITON OF REMAINING PERSONAL PROPERTY:

There are 2 pieces of porcelain from Germany sent to the US by Dad in the early 1940's. They are not in great condition but perhaps a good memory.

My Mom's Cocoa set from Germany: Susan

The gold mantel clock: Susan

Sterling Silver service pieces (in China Cabinet) Stacey

Stacey wants my dining room table

China – whoever wants it

My "Kids" album split up and the appropriate person is to receive the pages pertaining to them

My Grandkids albums ?

Stacey would like "My" album

Stacey has asked for my Sewing Machine

My Crystal and Christmas bell collection: Barbara

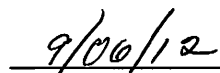
I have an extensive Angel collection. The Irish one with the red hair and crystal wings should be returned to Danielle as she is the one who sent it to me. The large gold angel is the only I even made that turned out. It was made in October 1975 on Edgcombe Street.

After everything mentioned is distributed and there is nothing left that anyone wants or needs, I would like Barbara Jackson to have an Estate Sale with all proceeds being split up equally between and the grandchildren. (Danielle, Zachary, Genna, Gianna, Tessa, Savannah, Robby and Hayden)

If anything is left, please donate them to a Woman's Shelter or the Cancer Society.

Updated September 6, 2012


Marilyn Stello


September 6, 2012

SHORT TITLE: Estate of EDNA MARILYN STELLO	CASE NUMBER:
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ATTACHMENT (Number): 8

(This Attachment may be used with any Judicial Council form.)

Name and Relationship to Decedent:

Robert Wade Sackewitz (Grandson)
Adult
11031 Shaw St., Alta Loma, CA 91701

Hayden Scott Sackewitz (Grandson)
Adult
11031 Shaw St., Alta Loma, CA 91701

JoAnne Cudney (Niece)
Adult
5128 Silver Mountain Way, Alta Loma, CA 91737

Lizabeth Denny Shope (Niece)
Adult
4836 Oakhurst, Banning, CA 92220

Dottie (Sister)
Deceased

Nancy Louise Dick (Daughter - Deceased)

(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** 1

(Add pages as required)

SHORT TITLE: Estate of EDNA MARILYN STELLO	CASE NUMBER:
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ATTACHMENT (Number): Death Cert.

(This Attachment may be used with any Judicial Council form.)

Attachment to Probate Petition

Death Certificate of Decedent

(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

3052024151398

CERTIFICATE OF DEATH

3202436008091

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ERASURES, AMENDMENTS OR ALTERATIONS ON 11/19/17 7/24		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARILYN		2. MIDDLE EDNA		3. LAST (Family) STELLO	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 02/26/1930		5. AGE Yrs. <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100	
9. BIRTH STATE/FOREIGN COUNTRY NJ		10. SOCIAL SECURITY NUMBER [REDACTED] 3460		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROSP (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 07/13/2024		8. HOUR (24 Hour) 1300	
13. EDUCATION - highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SECRETARY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FOOD BROKER		19. YEARS IN OCCUPATION 8	
20. DECEDENT'S RESIDENCE (Street and number, or location) 9748 LOUISE WAY		21. CITY RANCHO CUCAMONGA		22. COUNTY/PROVINCE SAN BERNARDINO	
23. ZIP CODE 91730		24. YEARS IN COUNTY 27		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP SUSAN LEAL, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 23149 E. MAYBERRY ROAD, QUEEN CREEK, AZ 85142			
28. NAME OF SURVIVING SPOUSE/PROSP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF PARENT - FIRST FRANK		32. MIDDLE -		33. LAST (BIRTH NAME) DENNY	
34. BIRTH STATE NY		35. NAME OF PARENT - FIRST ANNA		36. MIDDLE -	
37. LAST (BIRTH NAME) LUBBON		38. BIRTH STATE NY			
39. DISPOSITION DATE mm/dd/yyyy 07/30/2024		40. PLACE OF FINAL DISPOSITION OAK PARK CEMETERY 410 SYCAMORE AVENUE, CLAREMONT, CA 91711			
41. TYPE OF DISPOSITION BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		45. LICENSE NUMBER FD110		46. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD	
47. DATE mm/dd/yyyy 07/17/2024					
101. PLACE OF DEATH ONTARIO HEALTHCARE CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/ALTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1661 S. EUCLID AVENUE		106. CITY ONTARIO	
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 aneurysm rupture without showing the etiology. DO NOT abbreviate. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) ALZHEIMER'S DEMENTIA (B) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE (D) 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO (E) 113. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. EXPOSURE 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 checked="" type="checkbox"/> NO	
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/yyyy 07/10/2024 Decedent Last Seen Alive: mm/dd/yyyy 07/13/2024		115. SIGNATURE AND TITLE OF CERTIFIER JEAN-CLAUDE HAGE, MD		116. LICENSE NUMBER G77308	
117. DATE mm/dd/yyyy 07/16/2024		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEAN-CLAUDE HAGE, MD 1690 BARTON ROAD, STE 106, REDLANDS, CA 92373		119. INJURY DATE mm/dd/yyyy 07/16/2024	
120. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

JUL 19 2024

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.

PBSCD (Rev 6/21)

* 003209871 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE