

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 245317 NAME: Daniel J. Tripathi FIRM NAME: Cal-Lawyer PLC STREET ADDRESS: 4192 Brockton Ave Suite 100 CITY: Riverside STATE: CA ZIP CODE: 92501 TELEPHONE NO.: 951-880-7946 FAX NO.: 951-742-7844 E-MAIL ADDRESS: dan@cal-lawyer.com ATTORNEY FOR (name): Ramon Villicana	FOR COURT USE ONLY  <h1 style="margin: 0;">FILED</h1> <p style="margin: 0;">Superior Court of California County of Riverside</p> <p style="margin: 0;"><b>4/25/2023</b> <b>M. Preciado</b></p> <p style="margin: 0;">Electronically Filed</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4050 Main Street MAILING ADDRESS: 4050 Main Street CITY AND ZIP CODE: Riverside, 92501 BRANCH NAME: Historic Courthouse	
ESTATE OF (name): EMILIANO VILICANA <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: PRRI2201645  HEARING DATE AND TIME: 06-09-23 8:30 am <div style="text-align: right;">DEPT.: 8</div>	

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

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

## 2. Petitioner (name each):

RAMON VILICANA

## requests that

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

## b. (name):

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): 12/27/2021 at (place): San Diego County, 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):

21685 Pecan St.  
Wildomar, CA 92595, Riverside County

ESTATE OF (name):

EMILIANO VILLICANA  
DECEDENTCASE NUMBER:  
PRRI2201645

## 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)): \$ \_\_\_\_\_
- (4) Gross fair market value of real property: \$ 483,600.00
- (5) (Less) Encumbrances: (\$ \_\_\_\_\_)
- (6) Net value of real property: \$ \_\_\_\_\_
- (7) Total (add (3) and (6)): \$ 5483,600.00

- 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: 10/12/2016 ☐ 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):

EMILIANO VILLCANA  
DECEDENTCASE NUMBER:  
PRR12201645

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):	EMILIANO VILICANA DECEDENT	CASE NUMBER: PRR12201645
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8. Name and relationship to decedent Age Address

\*See enclosed Service List\*

☒ Continued on Attachment 8.

9. Number of pages attached: \_\_\_\_\_

Date: 4/19/23

DANIEL J. TRIPATHI

(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: 4/25/23

RAMON VILLACANA

(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.

## Attachment 8

EMILIANO VILLACANA, decedent  
21685 Pecan Street  
Wildomar, CA 92595  
(Per local rule)

EVA GLORIA VILLICANA, deceased  
spouse, died September 22, 2015

Ramon Lara Villicana  
21721 Seine Avenue  
Hawaiian Gardens, CA 90716

Ramon Lara Villicana  
24341 Carman Lane  
Moreno Valley, CA 92551

Daniel Villicana  
21685 Pecan Street  
Wildomar, CA 92595

Jesus Villicana  
21685 Pecan Street  
Wildomar, CA 92595

Emilio Villicana, died December 14,  
2021, no issue

GUADALUPE VILLICANA GUZMAN,  
Mexico; estranged from family;  
background checks provide no  
information; whereabouts unknown.  
(See Declaration of Due Diligence)

Office of the Public Administrator,  
Riverside County  
800 S Redlands Ave  
Perris, CA 92570

Bettye T. Yee  
California State Controller's Office  
Unclaimed Property Division  
10600 White Rock Road, Suite 141  
Rancho Cordova, California 95670

David D. L. Horton, ESQ. SBN#297149  
David D. L. Horton, ESQ & Associates APC  
3750 UNIVERSITY AVENUE, STE. 560  
RIVERSIDE, CA 92501

WILLIAM M. NASSAR (SBN#171787)  
LAW OFFICE OF WILLAM M. NASSAR  
AND ASSOCIATES  
1461 FORD STREET STE. 203  
REDLANDS, CA 92373

# **Last Will And Testament of EMILIANO VILICANA**

I, EMILIANO VILICANA, a resident of the State of California, being of legal age and of sound and disposing mind and memory, and not acting under duress, fraud, menace or undue influence of any person whatsoever, do make, publish and declare as follows: I hereby expressly revoke ALL my former Wills and Codicils, if any, and declare this to be my true and only Last Will and Testament.

I have the following living children:

EMILIO F. VILICANA, JESUS VILICANA, DANIEL VILICANA & GUADALUPE  
VILICANA GUZMAN

It is my specific intention not to leave any portion of my estate to any of my children or other heirs (whether named or omitted herein) through this Will, but rather to leave to my Trust any property not otherwise transferred to my Trust or otherwise disposed of, and all distributions of my estate shall be effected through my Trust.

## **ARTICLE I PAYMENT OF DEBTS AND EXPENSES**

I direct that my just debts, funeral expenses, and expenses of last illness be first paid from my estate or trust assets.

## **ARTICLE II DISPOSITION OF PROPERTY**

All of the property that I own or have a right of claim for at my death (and which has not been previously transferred or assigned to my Trust), or which shall become payable to my estate or my personal representatives, and any property that I have the power to dispose of under my Will, excepting herefrom any property interests for which I have designated specific beneficiaries (i.e. insurance policies, bank accounts, etc.) shall be distributed to the Trustee of the

**EMILIANO VILICANA TRUST, Dated September 12, 2016**

to be administered and distributed as provided under that Trust. *This shall not include life insurance policies and/or financial institution accounts wherein a specific beneficiary (or beneficiaries) other than this Trust has been designated.*

**ARTICLE III  
NOMINATION OF EXECUTOR/EXECUTRIX**

I nominate:

**RAMON LARA VILICANA**

as Executor/Executrix, to serve without bond or security. If such person or entity does not serve for any reason, I nominate:

**ANGELA M. VILICANA**

as alternate Executor or Executrix, as the case may be, to serve without bond or security.

**ARTICLE IV  
EXECUTOR/EXECUTRIX POWERS**

My Executor/Executrix, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone. My Executor/Executrix shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate, or equivalent legislation designed to operate without unnecessary intervention by the probate court.

**ARTICLE V: NON-CONTESTABILITY**

This Will is intended to be a "pour-over" will and as such is ancillary to the **EMILIANO VILICANA TRUST, Dated September 12, 2016** and contains the Testator's well-considered decisions regarding all aspects of this will as a conduit for distribution of all of Testator's assets through the aforementioned Trust. It is therefore intended to be a FINAL AND DEFINITIVE statement of the Testator's intentions, not to be changed by way of any legal challenge or otherwise unless any challenged provision is deemed to be unlawful in the state of jurisdiction. Therefore, in the event any beneficiary commences any legal action to contest or challenge the validity of this Last Will and Testament, or the validity or enforceability any of its provisions, said contesting beneficiary shall take nothing from the estate of Testator, and shall be liable to the estate for the reasonable attorney's fees and costs of suit incurred by the Executor/Executrix in defending any such contest.

IN WITNESS WHEREOF, I have subscribed my name below, on SEP 12 2016  
in the City of Donner, CA.

  
EMILIANO VILICANA

WITNESS ATTESTATION FOLLOWS THIS PAGE

### WITNESS ATTESTATION

The undersigned, each for himself or herself, declares that:

1. The foregoing instrument, consisting of THREE (3) pages, including the page signed as witnesses, was on this date signed in our presence and in the presence of each of us by EMILIANO VILICANA, herein called the "Testator."
2. At the time Testator signed the foregoing instrument, the Testator declared to each of us that it was his/her Will.
3. The Testator was, at the time he/she signed the foregoing instrument, over the age of 18 years and appeared to be of sound mind.
4. I have no knowledge of any facts indicating that the foregoing instrument, or any part of it, was procured to be made by duress, menace, fraud or undue influence.
5. At the request and in the presence of the Testator, and in the presence of each other, we subscribe our names and witnesses to the foregoing Will.

We, each for ourselves, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed SEP 12 2016, in the City of Downey, CA.

#### *FIRST WITNESS*

*Print Name* Ashby Mata  
*Street Address* 8350 E. Florence Ave.  
*City, State* Downey, CA 90240  
*Phone Number* 562-861-1810

SIGNATURE

Ashby Mata

#### *SECOND WITNESS*

*Print Name* Peter L. Lago  
*Street Address* 8350 E. Florence Ave.  
*City, State* Downey, CA 90240  
*Phone Number* 562-861-1810

Peter L. Lago

*Print Name*

*Street Address*

*City, State*

*Phone Number*

SIGNATURE



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.  
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH		3202137027335	
DECEASED'S PERSONAL DATA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST, MIDDLE, LAST <b>EMILIANO</b>		2. MIDDLE <b>VILLICANA</b>	
3. AKA ALSO KNOWN AS - FIRST, MIDDLE, LAST <b>EMILIANO LARA VILLICANA</b>		4. DATE OF BIRTH - MONTH, DAY, YEAR <b>04/11/1948</b>	
5. SEX <b>M</b>		6. AGE IN YEARS <b>75</b>	
7. BIRTH INFORMATION COUNTRY <b>MEXICO</b>		8. SOCIAL SECURITY NUMBER <b>571-90-8599</b>	
9. MARITAL STATUS <b>WIDOWED</b>		10. DATE OF DEATH - MONTH, DAY, YEAR <b>12/27/2021</b>	
11. DECEASED'S RACE - Type in 3 places may be joined and separated by hyphen <b>MEXICAN</b>		12. HOURS <b>0814</b>	
13. USUAL OCCUPATION - Type in 3 places may be joined and separated by hyphen <b>MACHINIST</b>		14. END OF BUSINESS OR HOUSEHOLD (e.g., growing, farm, and other business, employment agency, etc.) <b>CONSTRUCTION EQUIPMENT</b>	
15. YEARS IN OCCUPATION <b>35</b>			
16. DECEASED'S RESIDENCE Street and number, if known <b>21085 PECAN STREET</b>			
17. CITY <b>WILDOMAR</b>		18. COUNTY <b>RIVERSIDE</b>	
19. ZIP CODE <b>92595</b>		20. YEAR IN COUNTY <b>35</b>	
21. STATE OR OTHER COUNTRY <b>CA</b>			
22. DECEASED'S NAME, RELATIONSHIP <b>DANIEL SALINAS VILLICANA, SON</b>			
23. DECEASED'S ADDRESS Street and number, if known, city or town, state or county <b>21685 PECAN STREET, WILDOMAR, CA 92595</b>			
24. NAME OF DECEASED'S FIRST <b>VICENTE</b>		25. MIDDLE <b>VILLICANA</b>	
26. LAST <b>LARA</b>		27. BIRTH STATE <b>MEXICO</b>	
28. NAME OF DECEASED'S FIRST <b>MANUELA</b>		29. MIDDLE <b>LARA</b>	
30. LAST <b>LARA</b>		31. BIRTH STATE <b>MEXICO</b>	
32. DATE OF DEATH <b>01/25/2022</b>		33. PLACE OF DEATH <b>FOREST LAWN MEMORIAL PARK</b>	
34. TYPE OF DEATH <b>CREMATE/BURIAL</b>		35. SIGNATURE OF DECEASED <b>NOT EMBALMED</b>	
36. NAME OF FUNERAL HOME <b>FOREST LAWN MEMORIAL PARKS &amp; MORTUARIES</b>		37. LICENSE NUMBER <b>FD1051</b>	
38. SIGNATURE OF DECEASED <b>WILMA WOOTEN MD</b>		39. DATE <b>01/24/2022</b>	
40. PLACE OF DEATH <b>SHARP CHULA VISTA MEDICAL CENTER</b>			
41. COUNTY <b>SAN DIEGO</b>		42. CITY <b>CHULA VISTA</b>	
43. ADDRESS <b>751 MEDICAL CENTER CT</b>		44. CHULA VISTA <b>CHULA VISTA</b>	
45. CAUSE OF DEATH <b>ACUTE HYPOXEMIC RESPIRATORY FAILURE</b>			
46. SEPTIC SHOCK <b>NO</b>		47. POSSIBLE BACTERIAL PNEUMONIA <b>NO</b>	
48. COVID-19 PNEUMONIA <b>NO</b>		49. ACUTE RENAL FAILURE <b>NO</b>	
50. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>			
51. DATE <b>12/25/2021</b>		52. DATE <b>12/26/2021</b>	
53. ADDRESS <b>8555 AERO DR STE 104, SAN DIEGO, CA 92123</b>		54. ADDRESS <b>8555 AERO DR STE 104, SAN DIEGO, CA 92123</b>	
55. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		56. DATE <b>12/27/2021</b>	
57. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		58. DATE <b>12/27/2021</b>	
59. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		60. DATE <b>12/27/2021</b>	
61. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		62. DATE <b>12/27/2021</b>	
63. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		64. DATE <b>12/27/2021</b>	
65. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		66. DATE <b>12/27/2021</b>	
67. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		68. DATE <b>12/27/2021</b>	
69. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		70. DATE <b>12/27/2021</b>	
71. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		72. DATE <b>12/27/2021</b>	
73. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		74. DATE <b>12/27/2021</b>	
75. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		76. DATE <b>12/27/2021</b>	
77. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		78. DATE <b>12/27/2021</b>	
79. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		80. DATE <b>12/27/2021</b>	
81. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		82. DATE <b>12/27/2021</b>	
83. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		84. DATE <b>12/27/2021</b>	
85. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		86. DATE <b>12/27/2021</b>	
87. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		88. DATE <b>12/27/2021</b>	
89. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		90. DATE <b>12/27/2021</b>	
91. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		92. DATE <b>12/27/2021</b>	
93. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		94. DATE <b>12/27/2021</b>	
95. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		96. DATE <b>12/27/2021</b>	
97. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		98. DATE <b>12/27/2021</b>	
99. SIGNATURE OF DECEASED <b>WILLIAM MICHAEL FISHER, MD</b>		100. DATE <b>12/27/2021</b>	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

*Ernest J. Dronenburg, Jr.*

Mar 09, 2022

Ernest J. Dronenburg, Jr.  
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

