

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: R. Sam Price / Rosa M. Marquez FIRM NAME: Price Law Firm, APC STREET ADDRESS: 454 Cajon Street CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: 909 328-7000 FAX NO.: 909 475-9500 E-MAIL ADDRESS: sam@pricelawfirm.com / rosa@pricelawfirm.com ATTORNEY FOR (name): Elizabeth Fay Wisner		STATE BAR NO.: 208603 / 313405		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Blvd. MAILING ADDRESS: 17780 Arrow Blvd. CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Fontana District				ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 12/30/2024 8:52 AM By: Lisa Carmack, DEPUTY	
ESTATE OF (name): James Haskel Branch <div>DECEDENT</div>					
PETITION FOR		<div><input checked="" type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary</div> <div><input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed</div> <div><input type="checkbox"/> Letters of Administration</div> <div><input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers</div> <div><input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority</div>			
		CASE NUMBER: PROVA2401068			
		HEARING DATE AND TIME:		DEPT.:	

1. Publication will be in (specify name of newspaper): City News Group, Inc.
- a. ☐ Publication requested.
- b. ☒ Publication to be arranged.

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

Elizabeth Fay Wisner

~~requests~~ that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Elizabeth Fay Wisner 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): 09/29/2024 at (place): Loma Linda, 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):
11490 Richmond Rd., Loma Linda, CA 92354
County: San Bernardino
- Page 1 of 4

ESTATE OF (name):	James Haskel Branch DECEDENT	CASE NUMBER:
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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)): | \$ | _____ |
| (4) Gross fair market value of real property: | \$ | 643,800.00 |
| (5) (Less) Encumbrances: | (\$ | 0.00) |
| (6) Net value of real property: | \$ | 643,800.00 |
| (7) Total (add (3) and (6)): | | \$ 643,800.00 |

- 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: 09/10/2014 ☐ 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):	James Haskel Branch DECEDENT	CASE NUMBER:
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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.

ESTATE OF (name):	James Haskel Branch	CASE NUMBER:
	DECEDENT	

8.	<u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
	Elizabeth Fay Wisner - Daughter	Adult	7514 N. Fork Road Highland, CA 92346
	Gertrude Wood - Daughter	Adult	P.O. Box 309 Inyokern, CA 93527
	Margaret Brumbeloe - Daughter	Adult	16639 Tierra Rd. Grass Valley, CA 95949
	Jeffrey Branch - Son	Adult	Pre-Deceased
	Quinlian Branch - Spouse	Adult	88 S. Garfield Ave., #238 Alhambra, CA 91801

☐ Continued on Attachment 8.

9. Number of pages attached: 6

Date: 12 / 18 / 2024

R. Sam Price

(TYPE OR PRINT NAME OF ATTORNEY)


(SIGNATURE OF ATTORNEY)*

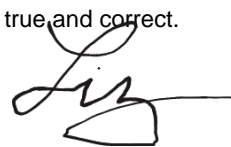
* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12 / 23 / 2024

Elizabeth Fay Wisner

(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.

1 R. Sam Price (SBN 208603)
2 Rosa M. Marquez (SBN 313405)
3 Price Law Firm, APC
4 454 Cajon Street
5 Redlands, CA 92373
6 Email: sam@pricelawfirm.com
7 rosa@pricelawfirm.com
8 Phone: 909 328-7000
9 Fax: 909 475-9500

7 Attorney for
8 Elizabeth Fay Wisner

10 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
11 **FOR THE COUNTY OF SAN BERNARDINO**

13 In the matter of

14 ESTATE OF JAMES BRANCH,

15 DECEDENT.

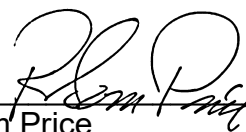
Case No.:

DEATH CERTIFICATE IN SUPPORT OF
PETITION FOR PROBATE

16 Attached hereto is the Death Certificate for James Branch, with the social
17 security number redacted, with the exception of the last four digits, pursuant to
18 California Rules of Court, Rule 1.20, filed in support of the Petition for Probate filed by
19 petitioner Elizabeth Faye Wisner.
20

21 DATED: 12 / 18 / 2024

Price Law Firm, APC

23 
24 R. Sam Price
25 Attorney for Elizabeth Faye Wisner
26
27
28

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

3052024213220

CERTIFICATE OF DEATH

3202436011561

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		3. LAST (Family) BRANCH	
2. MIDDLE HASKEL		4. DATE OF BIRTH mm/dd/yyyy 08/29/1924	
5. AGE Yrs. 100		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 09/29/2024		8. HOUR (24 Hour) 0740	
9. BIRTH STATE/FOREIGN COUNTRY AZ		10. SECURITY NUMBER 5448	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WELDER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) WELDING	
17. YEARS IN OCCUPATION 40		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
19. DECEDENT'S RESIDENCE (Street and number, or location) 11490 RICHMONT RD			
20. CITY LOMA LINDA		21. COUNTY/PROVINCE SAN BERNARDINO	
22. ZIP CODE 92354		23. YEARS IN COUNTY 59	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP ELIZABETH WISNER, DAUGHTER	
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7514 NORTH FORK ROAD, HIGHLAND, CA 92346		27. INFORMANT'S SIGNATURE ELIZABETH WISNER	
28. NAME OF SURVIVING SPOUSE/SROP - FIRST QINGLIAN		29. MIDDLE -	
30. LAST (BIRTH NAME) CHANG		31. NAME OF PARENT - FIRST DAVID	
32. MIDDLE EDWARD		33. LAST (BIRTH NAME) BRANCH	
34. BIRTH STATE AZ		35. NAME OF PARENT - FIRST EMMA	
36. MIDDLE -		37. LAST (BIRTH NAME) GANDY	
38. BIRTH STATE LA		39. DISPOSITION DATE mm/dd/yyyy 10/07/2024	
40. PLACE OF FINAL DISPOSITION RES OF ELIZABETH WISNER 7514 NORTH FORK ROAD, HIGHLAND, CA 92346		41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT GREEN ACRES MEMORIAL PARK		45. LICENSE NUMBER FD1248	
46. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD		47. DATE mm/dd/yyyy 10/07/2024	
48. PLACE OF DEATH RICHMONT HOME CARE - HOSPICE		49. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		51. TIME INTERVAL BETWEEN ONSET AND DEATH (A) YRS	
52. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) END STAGE CARDIOMYOPATHY		53. TIME INTERVAL BETWEEN ONSET AND DEATH (B) YRS	
54. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) NONE		55. TIME INTERVAL BETWEEN ONSET AND DEATH (D) YRS	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		57. TIME INTERVAL BETWEEN ONSET AND DEATH (E) YRS	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO		59. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
60. 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 Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 06/04/2024 09/28/2024		61. SIGNATURE AND TITLE OF CERTIFIER REGAN SANDER DOUTY, DO	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 2 W FERN AVE, REDLANDS, CA 92373		63. LICENSE NUMBER 20A7064	
64. DATE 10/04/2024		65. DATE 10/04/2024	
66. 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"/> Investigation <input type="checkbox"/> Could not be determined		67. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
68. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		69. INJURY DATE mm/dd/yyyy	
70. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		71. HOUR (24 Hour)	
72. LOCATION OF INJURY (Street and number, or location, and city, and zip)		73. SIGNATURE OF CORONER / DEPUTY CORONER	
74. DATE mm/dd/yyyy		75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
76. STATE REGISTRAR		77. FAX AUTH.#	
78. CENSUS TRACT		79. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

OCT 17 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 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.

PRNCO (Rev) 06/21

* 003187291 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Doc ID: 86c451c0b8e1da558cb4425543026b6f2da6d021

LAST WILL AND TESTAMENT

OF

JAMES H. BRANCH

Dated: September 10, 2014

Prepared by:

Roger von Kaesborg, Attorney at Law
8460 Nuevo Avenue
Fontana, CA 92335
(909) 822-4445

LAST WILL AND TESTAMENT

OF

JAMES H. BRANCH

I, JAMES H. BRANCH, a resident of and domiciled in the State of California, make, publish and declare this to be my Last Will and Testament, revoking all wills and codicils at any time heretofore made by me.

FIRST: I direct that the expenses of my last illness and funeral, the expenses of the administration of my estate, and all estate, inheritance and similar taxes payable with respect to property included in my estate, whether or not passing under this will, and any interest or penalties thereon, shall be paid out of my residuary estate, without apportionment and with no right of reimbursement from any recipient of any such property.

SECOND: It is my desire that, upon my death, my body be cremated and that my ashes be given to MARGARET BRUMBELOE, ELIZABETH WISNER and GERTRUDE WOOD to dispose of as they see fit. My son, JEFFERY J. BRANCH, has predeceased me.

THIRD: I suggest and recommend that my real estate commonly known as 15141 RANDALL, FONTANA, CA 92335 shall be sold by my Executor, and all expenses in connection with such sale shall be paid as expenses of administering my estate, and the proceeds of such sale shall be paid and distributed as hereinafter provided in this will.

FOURTH: If I have not distributed the following prior to my death, I give the United States Silver dollar contained in my safe deposit box to MARGARET BRUMBELOE. I give all other contents of my safe deposit box as follows:

If ELIZABETH WISNER, MARGARET BRUMBELOE and GERTRUDE WOOD or any of them shall survive me, to those of ELIZABETH WISNER, MARGARET BRUMBELOE and GERTRUDE WOOD who survive me, in equal shares.

All other tangible personal property is given as hereafter provided with respect to my residuary estate.

FIFTH: I give fifty percent (50%) of the proceeds of the sale of my real estate commonly known as 15141 RANDALL, FONTANA, CA 92335, after deduction of fifty percent (50%) of all expenses incurred in connection with such sale and after deduction of fifty percent (50%) of all expenses of administration, to my wife, QING LIAN BRANCH, if she survives me. I give all the rest, residue and remainder of my property and estate, both real and personal, of

whatever kind and wherever located, that I own or to which I shall be in any manner entitled at the time of my death (collectively referred to as my "residuary estate"), as follows:

(a) If ELIZABETH WISNER, MARGARET BRUMBELOE and GERTRUDE WOOD or any of them shall survive me, to those of ELIZABETH WISNER, MARGARET BRUMBELOE and GERTRUDE WOOD who survive me, in equal shares.

(b) If none of the beneficiaries under clause (a) above shall survive me, I give my residuary estate to those who would take from me as if I were then to die without a will, unmarried and the absolute owner of my residuary estate, and a resident of the State of California.


SIXTH: If any property of my estate vests in absolute ownership in a minor or incompetent, my Executor, at any time and without court authorization, may: distribute the whole or any part of such property to the beneficiary; or use the whole or any part for the health, education, maintenance and support of the beneficiary; or distribute the whole or any part to a guardian, committee or other legal representative of the beneficiary, or to a custodian for the beneficiary under any gifts to minors or transfers to minors act, or to the person or persons with whom the beneficiary resides. Evidence of any such distribution or the receipt therefor executed by the person to whom the distribution is made shall be a full discharge of my Executor from any liability with respect thereto, even though my Executor may be such person. If such beneficiary is a minor, my Executor may defer the distribution of the whole or any part of such property until the beneficiary attains the age of eighteen (18) years, and may hold the same as a separate fund for the beneficiary with all of the powers described in Article EIGHTH hereof. If the beneficiary dies before attaining said age, any balance shall be paid and distributed to the estate of the beneficiary.

SEVENTH: I appoint ELIZABETH WISNER to be my Executor. If ELIZABETH WISNER shall fail to qualify for any reason as my Executor, or having qualified shall die, resign or cease to act for any reason as my Executor, I appoint GERTRUDE WOOD as my Executor. I direct that no Executor shall be required to file or furnish any bond, surety or other security in any jurisdiction.

EIGHTH: I grant to my Executor all powers conferred on executors under the California Probate Code (including the Independent Administration of Estates Act), as amended, or any successor thereto, and all powers conferred upon executors wherever my Executor may act. I also grant to my Executor power to retain, sell at public or private sale, exchange, grant options on, invest and reinvest, and otherwise deal with any kind of property, real or personal, for cash or on credit; to hold, manage, insure, repair, improve, demolish, divide, and otherwise deal with and dispose of any property; to borrow money and mortgage, encumber or pledge any property to secure loans; to exercise all powers of an absolute owner of property; to compromise and release claims with or without consideration; and to employ attorneys, accountants and other persons for services or advice. The term "Executor" wherever used herein shall mean the executors, executor, executrix or administrator in office from time to time.

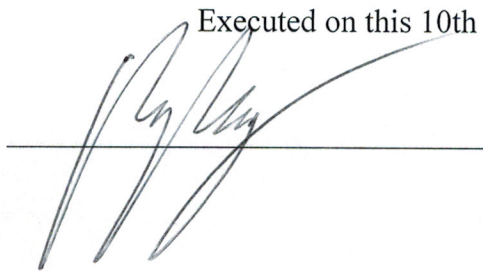
NINTH: If any beneficiary under this will and I die in a common accident or under circumstances in which it is difficult or impractical to determine who survived the other, such beneficiary shall be deemed to have predeceased me.

IN WITNESS WHEREOF, I, JAMES H. BRANCH, sign my name and declare this instrument as my last will and testament this 10th day of September, 2014.


JAMES H. BRANCH

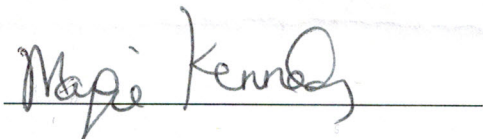
The foregoing instrument (consisting of 3 pages, including this page) was signed and declared by JAMES H. BRANCH, the above-named Testator, to be his last will and testament in our presence, all being present at the same time, and we, at his request and in his presence and in the presence of each other, have subscribed our names as witnesses on the date above written. At the time of so executing said will, in our respective opinions, the Testator was at least eighteen years of age, and was of sound mind, memory and understanding, under no constraint, duress, fraud, misrepresentation, menace or undue influence, and in no respect incompetent to make a valid will. The undersigned state, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed on this 10th day of September, 2014 at Fontana, California



residing at

8460 Nuevo Ave.
Fontana CA



residing at

8460 Nuevo Avenue
Fontana, CA 92335