

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: <b>Brian John Holohan, Esq.</b> FIRM NAME: <b>Law Offices of Brian John Holohan</b> STREET ADDRESS: <b>104 E. Olive Avenue, Suite 102; P.O. Box 9476</b> CITY: <b>Redlands</b> TELEPHONE NO.: <b>909-798-9588</b> E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Melissa Tempel</b>		STATE BAR NO.: (SBN 121642) STATE: <b>CA</b> ZIP CODE: <b>92375</b> FAX NO.: <b>909-798-2412</b>		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Bernardino</b> STREET ADDRESS: <b>247 W. Third Street</b> MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>San Bernardino, California 92415</b> BRANCH NAME: <b>Probate</b>		Superior Court of California County of San Bernardino Fontana District 17780 Arrow Boulevard Fontana, CA 92335		ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT  4/24/2024 2:37 PM  By: Brenda Cordero, DEPUTY	
ESTATE OF (name): <b>Ruth Mary Guy</b>		AMENDED		DECEDENT	
PETITION FOR <input 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 with Will Annexed <input checked="" 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: <b>PROVA2300062</b>		HEARING DATE AND TIME: <del>05/22/2024</del> <del>8:30 A.M.</del> <b>07/03/2024 9:00 am</b>	
				DEPT.: <b>F2</b>	

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

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

2. **Petitioner** (name each): Melissa Tempel and Karen Guy

**requests that**

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

b. (name): Melissa Tempel and Karen Guy

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): 08-27-2021

at (place): Redlands, 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*):

11006 Iowa Street  
Redlands, California 92373

ESTATE OF (name):  
Ruth Mary Guy

CASE NUMBER:

PROVA2300062

DECEDENT

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)): \$ 0.00
- (4) Gross fair market value of real property: \$ 188,266.00
- (5) (Less) Encumbrances: ( \$                      )
- (6) Net value of real property: \$ 188,266.00
- (7) **Total** (add (3) and (6)): \$ 188,266.00

- 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: ☐ 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): Granddaughters
- (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): Ruth Mary Guy

CASE NUMBER:  
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DECEDENT

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): Ruth Mary Guy

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DECEDENT

8. Name and relationship to decedent	Age	Address
Ruth E. Hathaway, Daughter	Adult	11006 Iowa Street Redlands, California 92373
Melissa Tempel, Granddaughter	Adult	34603 Avenue C Yucaipa, California 92399
Karen Guy, Granddaughter	Adult	24434 University Avenue Loma Linda, CA
William James Guy, Grandson (CDCR BW4718)	Adult	California State Prison-Sacramento P.O. Box 29001 Represa, CA 95671

☐ Continued on Attachment 8.9. Number of pages attached: 1Date: 4-24-24Brian John Holohan, Esq.

(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: 4/15/24Melissa Tempel

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Karen Guy

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052021237957

## CERTIFICATE OF DEATH

3202136014404

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RUTH		MARY		GUY	
4. DATE OF BIRTH (month/day/year)					
05/28/1930					
5. SEX					
F					
6. PLACE OF BIRTH (State, County, City/Town/Village)					
CA					
7. DATE OF DEATH (month/day/year)					
08/27/2021					
8. TIME OF DEATH (24-hour clock)					
1226					
9. MARRITAL STATUS (at time of death)					
WIDOWED					
10. EDUCATION (highest grade completed)					
SOME COLLEGE					
11. ETHNICITY (check all that apply)					
MEXICAN					
12. USUAL OCCUPATION (Type of work for most of life. Do not use retired)					
INSTRUCTIONAL AIDE					
13. SCHOOL DISTRICT					
25					
14. ADDRESS OF DECEASED (Street, City, State, ZIP+4)					
11006 IOWA STREET					
15. CITY					
REDLANDS					
16. COUNTY					
SAN BERNARDINO					
17. ZIP CODE					
92373					
18. YEARS IN COUNTY					
50					
19. COUNTRY OF BIRTH					
CA					
20. DECEASED'S NAME, RELATIONSHIP					
MELISSA TEMPEL, GRANDDAUGHTER					
21. ADDRESS OF DECEASED (Street, City, State, ZIP+4)					
34503 AVENUE C, YUCAIPA, CA 92386					
22. NAME OF DECEASED'S SPOUSE (First, Middle, Last)					
JOHN					
23. NAME OF DECEASED'S SPOUSE (First, Middle, Last)					
RITA					
24. DATE OF DEATH (month/day/year)					
08/28/2021					
25. PLACE OF DEATH (City, State, ZIP+4)					
22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518					
26. TYPE OF DEATH (check all that apply)					
BU					
27. NAME OF FUNERAL HOME (City, State, ZIP+4)					
ARLINGTON MORTUARY					
28. LICENSE NUMBER					
FD1033					
29. SIGNATURE OF DECEASED (Not applicable)					
30. SIGNATURE OF DECEASED'S NEXT OF KIN (Not applicable)					
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## CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

NOV 01 2021

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. Sequiera, M.D.*

MICHAEL A. SEQUIERA, 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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

