

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 171787 NAME: William M. Nassar FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: 909-307-2000 FAX NO.: E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): Deborah L. Green	FOR COURT USE ONLY  <b>FILED</b> Superior Court of California County of Riverside 3/29/2023 K. Allen Electronically Filed
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 4050 Main St MAILING ADDRESS: 4050 Main St CITY AND ZIP CODE: Riverside, CA 92501 BRANCH NAME: Riverside Historic Courthouse	
ESTATE OF (name): James H. Barricklow  DECEDENT	
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 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: <b>PRRI2300680</b>  HEARING DATE AND TIME: 05/17/2023 08:30 AM DEPT.: 8

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

2. Petitioner (name each):  
 Deborah L. Green

**requests that**

- a.  decedent's will and codicils, if any, be admitted to probate.
- b. (name): Deborah L. Green 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): 11/13/2013 at (place): Riverside 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):  
 24311 Moon Raker Lane, Riverside, CA 92557

ESTATE OF (name):	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: \$
- (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: \$ 250,000.00
- (5) (Less) Encumbrances: (\$ \_\_\_\_\_)
- (6) Net value of real property: \$ 250,000.00
- (7) **Total** (add (3) and (6)): \$ 250,000.00

- 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: 3/15/2012  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):   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.

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8. Name and relationship to decedent	Age	Address
Deborah L. Green, spouse	Adult	24311 Moon Raker Lane, Moreno Valley, CA 92557
Michelle L. Williams, step-daughter	Adult	24311 Moon Raker Lane, Moreno Valley, CA 92557
Adam A. Pompa, step-grandson	Adult	24311 Moon Raker Lane, Moreno Valley, CA 92557
Bryan C. Hartnell	Adult	25757 Redlands Blvd, Redlands, CA 92373

Continued on Attachment 8.

9. Number of pages attached: 16

Date: 3/29/2023

William M. Nassar  
(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: 3-21-2023

Deborah L. Green  
(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.

IN THE MATTER OF: Estate of James H. Barricklow	CASE NUMBER:
<b>Riverside County Mandatory Attachment to Form DE-111</b>	

(Continued from Petition for Probate (form DE-111).)

10. I have enclosed a true and correct copy of the decedent's death certificate (with social security number redacted), as required by Local Rule 7200.
11. (Check one of the following):
- a.  This is a petition for appointment of a special administrator without general powers, and without power to sell real property.
  - b.  The decedent's estate does not include any interest in real property.
  - c.  The physical and mailing addresses of all real property in which the decedent's estate owns an interest is listed in attachment 11c as required by Local Rule 7132.
12. I have completed an internet search to identify and locate the heirs of the decedent as required by Local Rule 7132. A true and correct copy of the entry related to the decedent from each website or, if none, the listing of results, is enclosed as attachment 12. The search feature from Tributes.com is down for maintenance as of the filing of this petition. Tributes currently links to legacy.com as an alternative.
13. (Check one of the following):
- a.  Petitioner requests appointment with the bond required by Probate Code 8482.
  - b.  Petitioner requests either no bond or a minimum bond of \$30,000 based on the will waiving bond or bond waivers filed by all heirs. To support this request, petitioner alleges as follows as required by Local Rule 7203:
    - (1) The decedent is expected to owe the following taxes:
 

i State income tax:	\$ _____
ii Federal income tax:	\$ _____
iii Real and personal property tax:	\$ _____
Total:	\$ 0
    - 2) The decedent's known and reasonably-ascertainable unsecured or contingent creditors are as follows:

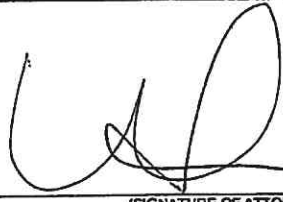
Name of Creditor	Address	Maximum Potential Liability
Total:		0

IN THE MATTER OF: Estate of James H. Barricklow	CASE NUMBER:
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- 3) The estate is expected to be:  solvent  insolvent
- 4) The efforts taken to obtain the above information were as follows:
- Reviewed decedent's mail for 365+ days
  - Reviewed current utility bills
  - Reviewed current property tax bills
  - Reviewed bank statements for the last 365+ days
  - Reviewed most recent income tax returns
  - Other: \_\_\_\_\_

Date: 3/29/2023

William M. Nassar  
(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: 3-21-2023

Deborah L. Green  
(TYPE OR PRINT NAME)

  
(SIGNATURE)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

Signatures of additional petitioners follow last attachment.

**ATTACHMENT 3f(2)**

# LAST WILL AND TESTAMENT

OF

JAMES H. BARRICKLOW

I, JAMES H. BARRICKLOW, a resident of Riverside County, California, declare that this is my Will. I revoke all Wills and Codicils that I have previously made.

## ARTICLE ONE

### DECLARATIONS CONCERNING FAMILY AND PROPERTY DISPOSED OF BY THIS WILL


1.1 Family. I am married to DEBORAH L. GREEN, and any reference in this Will to "my spouse" is to her. I have one step daughter now living; namely, MICHELLE L.L WILLIAMS and one step grandson living; namely, ADAM A. POMPA. For all purposes in this Will they shall be considered as my "children", "child", or "issue".

1.2 Property. I confirm to my spouse my spouse's interest in our community property. I intend by this Will to dispose of all my separate property and my one-half (1/2) interest in our community property. I do not exercise any testamentary power of appointment that I may have at the time of my death.

## ARTICLE TWO

### APPOINTMENT OF FIDUCIARIES

2.1 Executor. I appoint DEBORAH L. GREEN as Executor of my Will. If DEBORAH L. GREEN shall for any reason fail to qualify or cease to act, I appoint BRYAN C. HARTNELL, as successor Executor of my Will. If both of the above-named individuals shall for any reason fail to qualify or cease to act, I appoint a nominee of BRYAN C. HARTNELL as successor Executor of my Will.

 JHB



ARTICLE THREE  
GIFTS OF PROPERTY

3.1 Gift of Personal Effects. I give all of my jewelry, art objects, clothing, household furniture and furnishings, personal automobiles, and other tangible articles of a personal nature, or my interest in any such property not otherwise specifically disposed of by this Will or in any other manner, together with any insurance on such property existing at the time of my death, to my spouse if my spouse survives me for thirty (30) days. If my spouse does not survive me for thirty (30) days, I give such property, together with any insurance then existing, to such of my children as survive me for thirty (30) days, in equal shares as they shall agree. If my children cannot agree, such property shall be divided among my children by my Executor in as nearly equal shares as my Executor in his absolute discretion shall deem practicable, having due regard for the personal preferences of my children. If neither my spouse nor any of my children survive me for thirty (30) days, this gift shall lapse and shall be added to the residue of my estate.

3.2 Gift of Personal Residence. I give to my spouse my interest, if any, in the property that my spouse and I are using as our principal residence at the time of my death, together with any insurance on said property existing at the time of my death. If my spouse does not survive me for thirty (30) days, this gift shall lapse and shall be added to the residue of my estate. This gift shall be subject to any encumbrances of record on said property at the time of my death, including any mortgages, deeds of trust, and real property taxes and assessments.

3.3 Gift of Real Estate. I give my shares of the real property in the Arlington area of Riverside, 10401 Pendleton Avenue, Riverside, CA as follows:

a) My brother, JOHN P. BARRICKLOW shall be able to reside in the property for as long as he is able or chooses to do so. He shall be responsible for taxes, interest and maintenance.

b) When JOHN P. BARRICKLOW no longer resides in teh Arlington home, a fee simple absolute interest shall go to MICHELLE L. WILLIAMS and ADAM A. POMPA.

ARTICLE FOUR  
DISPOSITION OF RESIDUE OF ESTATE

4.1 Alternate Gift to Issue. If my spouse fails to survive me for thirty (30) days, I give the residue of my estate to MICHELLE L. WILLIAMS and ADAM A. POMPA, in equal shares, free of trust.

4.2 Gift if Neither Issue Survive. If neither of my issue survive me for thirty (30) days, I give the residue of my estate to my heirs, the identities and respective shares of such heirs to be determined according to the laws of the State of California in effect at the date of execution of this instrument relating to the succession of separate property not acquired from a predeceased spouse.

ARTICLE FIVE  
ESTATE ADMINISTRATION

5.1 Executor Powers. Unless specifically provided to the contrary in any other provision of this Will, the Executor is vested with the powers of administration under the Independent Administration of Estates Act with full authority.

5.2 Power of Sale. The Executor has the power to sell, with or without notice, at either public or private sale, and to lease any property belonging to my estate, subject only to such confirmation of court as may be required by law.

5.3 Successor Executor's Responsibility. No successor Executor shall be liable or responsible for any losses and expenses resulting from or occasioned by anything done or neglected to be done in the administration of this Will prior to the date of acceptance of appointment by such Executor.

5.4 No Bond. No bond shall be required of any Executor named in this Will, whether acting jointly or severally in the administration of my Will and whether any person named as Co-Executor with such person shall be qualified and acting.

ARTICLE SIX

MISCELLANEOUS PROVISIONS

6.1 No Contest. If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary shall lapse. Any share or interest so lapsing shall be disposed of as if the contesting beneficiary had predeceased me without issue, it being my intention that this paragraph be in derogation of the Anti-Lapse Statute of the State of California or any similar statute of any jurisdiction in which this Will is probated. If any share or portion of such share so lapsing would in the absence of this paragraph, pass by intestate succession to the contesting beneficiary, or to the issue of the contesting beneficiary, such share or portion thereof shall instead augment proportionally all other gifts provided for in this Will, other than specific, demonstrative or general gifts.

6.2 Miscellaneous

a. As used in this Will, the masculine, feminine or neuter gender, and the singular or plural number, shall be deemed to include the others whenever the context so indicates.

b. Article headings in this Will are inserted for convenience only, and are not to be considered in the construction of the provisions hereof.

I subscribe my name to this Will this 15th day of March, 2012, at Redlands, California.

  
\_\_\_\_\_  
JAMES H. BARRICKLOW

 JHB

The foregoing instrument, consisting of five (5) pages, including the next page signed by us as witnesses, was at the date hereof, by JAMES H. BARRICKLOW, signed as and declared to be his Will, in the presence of us who at his request and in his presence and in the presence of each other, have subscribed our names as witnesses thereof.

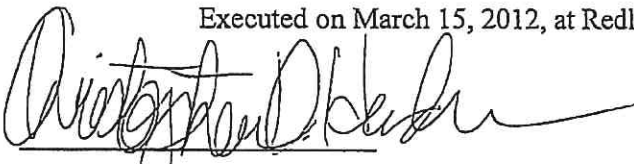


Each of us observed the signing of this Will by JAMES J. BARRICKLOW, and each other subscribing witness, and know that each signature is the true signature of the person whose name was signed.

Each of us is now more than eighteen (18) years of age and a competent witness and resides at the address set forth after his or her name.

We are acquainted with JAMES H. BARRICKLOW. At this time he is over the age of eighteen (18) years, and to the best of our knowledge is of sound mind and is not acting under duress, menace, fraud, misrepresentation or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on March 15, 2012, at Redlands, California.

25757 Redlands Boulevard  
Redlands, California 92373-8453

25757 Redlands Boulevard  
Redlands, California 92373-8453

25757 Redlands Boulevard  
Redlands, California 92373-8453

 JHB

# **ATTACHMENT 10**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

3052013212634      **CERTIFICATE OF DEATH**      3201333012204  
STATE FILE NUMBER      LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) <b>JAMES</b>		2. MIDDLE <b>HILL</b>		3. LAST (Family) <b>BARRICKLOW</b>	
4. DATE OF BIRTH: mm/dd/yyyy    5. AGE Yrs.    6. UNDER ONE YEAR    7. UNDER 24 HOURS    8. SEX <small>Months    Days    Hours    Minutes</small> <b>02/03/1952    61    M</b>					
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. MARITAL STATUS/SOP* (At Time of Death) <b>MARRIED</b>	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BUILDING INSPECTOR</b>		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		7. DATE OF DEATH: mm/dd/yyyy    8. HOUR (24 Hours) <b>11/13/2013    02:14</b>	
17. USUAL RESIDENCE (Street and number or location) <b>24311 MOON RAKER LANE</b>		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>REAL ESTATE</b>		15. YEARS IN OCCUPATION <b>20</b>	
21. CITY <b>MORENO VALLEY</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92557</b>	
24. YEARS IN COUNTY <b>15</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>DEBORAH GREEN-BARRICKLOW, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or post box number, city or town, state and zip) <b>24311 MOON RAKER LANE, MORENO VALLEY, CA 92557</b>		29. NAME OF SURVIVING SPOUSE/SOP - FIRST <b>DEBORAH</b>		28. LAST (BIRTH NAME) <b>GREEN</b>	
30. NAME OF FATHER/PARENT - FIRST <b>EDWIN</b>		31. MIDDLE <b>LYNN</b>		32. LAST <b>BARRICKLOW</b>	
33. NAME OF MOTHER/PARENT - FIRST <b>THELMA</b>		34. MIDDLE <b>HILL</b>		35. LAST (BIRTH NAME) <b>HILL</b>	
36. BIRTH STATE <b>VA</b>		37. LAST (BIRTH NAME) <b>HILL</b>		38. BIRTH STATE <b>VA</b>	
39. DISPOSITION DATE: mm/dd/yyyy <b>11/18/2013</b>		40. PLACE OF FINAL DISPOSITION <b>RES DEBORAH GREEN-BARRICKLOW 24311 MOON RAKER LANE, MORENO VALLEY, CA 92557</b>			
41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>DESERT LAWN FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD-1819</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>	
47. DATE: mm/dd/yyyy <b>11/15/2013</b>		101. PLACE OF DEATH <b>RIVERSIDE COUNTY REGIONAL MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P. <input checked="" type="checkbox"/> ER/ICU <input type="checkbox"/> DCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>26520 CACTUS AVE.</b>	
106. CITY <b>MORENO VALLEY</b>		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 hypovolemic shock without showing the etiology. DO NOT ABBREVIATE. <b>ACUTE RESPIRATORY FAILURE</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. DAYS 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	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HEPATO PULMONARY SYNDROME</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list typical operation and date) <b>NO</b>		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ON THIS CAUSE OF DEATH	
115. SIGNATURE AND TITLE OF CERTIFIER <b>GARY J. THOMPSON, D.O.</b>		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GARY J. THOMPSON, D.O. 26520 CACTUS AVENUE, MORENO VALLEY, CA 92555</b>		117. LICENSE NUMBER    118. DATE: mm/dd/yyyy <b>20A8339    11/15/2013</b>	
119. CERTIFY THAT IF ANY OTHER DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES LISTED		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE: mm/dd/yyyy    122. HOUR (24 Hours)	
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    A    B    C    D    E    FAX AUTH. #    CENSUS TRACT

STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS**  
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.



**Nov 25, 2013**  
 DATE ISSUED

Dr. Cameron Kaiser, M.D., Health Officer  
 RIVERSIDE COUNTY, CALIFORNIA

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SHORT TITLE: Estate of James H. Barricklow	CASE NUMBER:
---	--------------

ATTACHMENT (Number): 11c*(This Attachment may be used with any Judicial Council form.)*

## Physical Address:

10401 Pendleton St, Riverside, Riverside County, California 92505-1722

## Mailing Address:

10401 Pendleton St, Riverside, Riverside County, California 92505-1722

*(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)*

# **ATTACHMENT 12**





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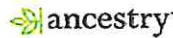
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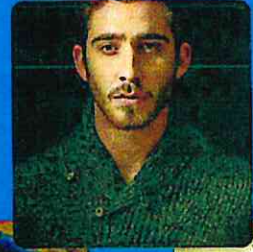
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