

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Shelby T. Phillips, Esq. 318651 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.: (909) 307-2055 E-MAIL ADDRESS: sphillips@nassarlaw.com ATTORNEY FOR (name): Brittney Bjorgen		FOR COURT USE ONLY  <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO  NOV 20 2023  <i>B. Flores</i> BY: Briana Flores, Deputy	
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 Limited Access District			
ESTATE OF (name): Brandy L. Bartley aka Brandy Linn Bartley <p style="text-align: right;">DECEDENT</p>		CASE NUMBER: PROBATE2300273	
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		HEARING DATE AND TIME: JAN 08 2024 9AM	
		DEPT.: FI	

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

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

2. Petitioner (name each): Brittney Bjorgen

requests that

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

b. (name): Brittney Bjorgen

- (1)  executor
- (2)  administrator with will annexed
- (3)  administrator
- (4)  special administrator  with general powers

be appointed

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)  \$ 38,500.00 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): 3/17/2023

at (place): Venice, Italy

(1)  a resident of the county named above.

\* See Death Cert Attached as Exhibit A.

(2)  a nonresident of California and left an estate in the county named above. (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):

12009 Aspen Circle, Unit B  
Grand Terrace, CA 92313  
San Bernardino County

ESTATE OF (name): Brandy L. Bartley aka Brandy Linn Bartley  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: \$ 35,000.00  
(2) Annual gross income from  
(a) real property: \$  
(b) personal property: \$  
(3) Subtotal (add (1) and (2)): \$ 35,000.00  
(4) Gross fair market value of real property: \$  
(5) (Less) Encumbrances: (\$ )  
(6) Net value of real property: \$ 0.00  
(7) Total (add (3) and (6)): \$ 35,000.00

- 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:  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): Adult Sister  
(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):  
4 Richmond Court  
Lewistown, PA 17044

- (3)  resident of the United States.  
(4)  nonresident of the United States.

ESTATE OF (name): Brandy L. Bartley aka Brandy Linn Bartley  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): Brandy L. Bartley aka Brandy Linn Bartley  DECEDENT	CASE NUMBER:
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8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
Barry M. Bartley Father	DECEASED 4/20/2023 *see death cert attached as Exhibit B	
Bonny Fay Bartley Mother	DECEASED 4/28/2023 *see death cert attached as Exhibit C	
Brittney Bjorgen Adult Sister		4 Richmond Court Lewistown, PA 17044
Bobby J. Small Adult Sister		105 Main Street Beach Creek, PA 16822

Continued on Attachment 8.

9. Number of pages attached: 26

Date: 10.10.2023

Shelby T. Phillips, 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: 10/5/2023

Brittney Bjorgen  
(TYPE OR PRINT NAME OF PETITIONER)

 (RL 2.305(d))  
(SIGNATURE OF PETITIONER)

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

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

**Exhibit A**

**Exhibit A**

**Exhibit A**

Exhibit A



U.S. Department of State
REPORT OF DEATH OF A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL ABROAD

U.S. Consulate General
Post

03-28-2023

Date of Issue (mm-dd-yyyy)

SSA No. 196-56-9006

Name in full Brandy Linn Bartley Age 48

Date (mm-dd-yyyy) and Place of Birth 08-04-1974 Pennsylvania United States of America

Evidence of U.S. Citizenship Regular Passport #581826581 issued on April 23, 2018

Address in U.S.A. 12009 Aspen Circle, Unit B, Grand Terrace, CA 92313

Permanent or Temporary Address Abroad Hotel Riviera Venezia Lido, Granviale Santa Maria Elisabetta 5, 30126 Lido (VE) Italy

Date of death Mar 17 2023
Month Day Hour Minute Year

Place of death Rialto Bridge Venice Italy
Number and street, or Hospital/ hotel City Country

Cause of death Acute cerebrovascular event and cardiac arrest as stated by the Italian National Survey Institute
Including authority for statement - if physician, include full name and official title, if any

Disposition of the remains air-shipped to the U.S.A.

Local law governing disinterment of remains provides that as per local laws and regulations

Disposition of the effects in care of Brittney Ann Bjorgen, sister

Person or official responsible for custody of effects and accounting therefore
Brittney Ann Bjorgen, sister

Traveling/residing abroad with relatives or friends as follows:
NAME ADDRESS

Informed by telegram or telephone
NAME ADDRESS DATE (mm-dd-yyyy) NOTIFIED
Brittney Ann Bjorgen 4 Richmond court, Lewistown, PA 17044, USA 3/17/2023

Copy of this report sent to:
NAME ADDRESS DATE (mm-dd-yyyy) SENT
Brittney Ann Bjorgen 4 Richmond court, Lewistown, PA 17044, USA 3/28/2023

Notification or copy sent to Federal Agencies: SSA x VA OPM Other PA Vital Records
State Agency

The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State. Certified Copies can be obtained by writing to:

U.S. Department of State, Passport Vital Records Section, 44132 Mercure Cir., PO Box 1213, Sterling, VA 20166-1213

Remarks:

(Continue on reverse if necessary.)

[SEAL]

Signature on all copies

Benjamin Levelius of the United States of America.
Vice Consul

For Additional Certified Copies, see https://travel.state.gov/content/travel/en/international-travel/while-abroad/death-abroad.html

(Last name) Bartley

(First name) Brandy

(Middle name) Linn

(Date (mm-dd-yyyy) of death) 03-17-2023



**Exhibit B**

**Exhibit B**

**Exhibit B**

VITAL RECORDS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

**Certification of Death**

Disposition Permit Number: **E623348**

State File Number: **342409-2023**

Decedent's Legal Name: <b>Barry M Bartley</b>		Date of Death: <b>April 20, 2023</b>	
Alias:		Social Security Number: <b>172-46-4852</b>	Sex: <b>Male</b>
Age: <b>70 Years</b>	Date of Birth: <b>August 29, 1952</b>	Birthplace: <b>Lock Haven, Pennsylvania</b>	Ever in US Armed Forces: <b>No</b>
Residence Address: <b>850 Caldwell Road Knox Township, Pennsylvania 16861</b>		Marital Status at Time of Death: <b>Married</b>	
Residence County: <b>Clearfield</b>		Surviving Spouse's Name: <b>Karen Shawley</b>	
Father / Parent's Name: <b>Phillip Bartley</b>		Mother / Parent's Name: <b>Helen Nyman</b>	
Informant's Name: <b>Karen Bartley</b>		Informant's Relationship to Decedent: <b>Spouse</b>	
Place of Death: <b>Hospital-Inpatient Mount Nittany Medical Center</b>		City or Town, State, and Zip Code: <b>State College, Pennsylvania 16803</b>	
Method of Disposition: <b>Cremation</b>		County of Death: <b>Centre</b>	
Location of Disposition: <b>Tyrone, Pennsylvania 16686</b>		Place of Disposition: <b>Keystone Cremation Center LLC</b>	
Name and Address of Funeral Facility: <b>Singer Kader Nelt Funeral Home &amp; Cremation Services 135 W Main Street Howard, Pennsylvania 16841</b>		Date of Disposition: <b>April 26, 2023</b>	
Funeral Director: <b>Garrett A. Singer (Electronically Signed)</b>		Time of Death: <b>00:58</b>	

**PART I. Cause of Death:**

Immediate Cause → <b>a. Shock</b>	Approximate Interval: Onset to Death <b>48 hrs</b>	
<b>b. Ischemic enteritis</b>		<b>48 hrs</b>
<b>c. &lt;&lt;&lt;&gt;&gt;</b>		<b>&lt;&lt;&lt;&gt;&gt;</b>
<b>d. &lt;&lt;&lt;&gt;&gt;</b>		<b>&lt;&lt;&lt;&gt;&gt;</b>

**PART II. Other Significant Conditions Contributing to Death:**

<b>Cirrhosis</b>	Was an Autopsy Performed? <b>No</b>	
Date of Injury:	Time of Injury:	Place of Injury:
Location of Injury:		Injury at Work:
Describe How Injury Occurred:		
If Transportation Injury, Specify:		
Did Tobacco Use Contribute to Death? <b>No</b>	Pregnant at Time of Death: <b>Not Applicable</b>	Manner of Death: <b>Natural</b>
Hispanic Origin: <b>Not Spanish/Hispanic/Latino</b>	Education: <b>High School graduate or GED completed</b>	Decedent's Race: <b>White</b>
Usual Occupation: <b>Truck Driver</b>	Kind of Business/Industry: <b>Transportation</b>	

Certifier's Name & Title: **Elizabeth M. Martin DO (Signature on File)**  
 Address: **1800 E Park Avenue State College, Pennsylvania 16803**  
 Date Certified: **April 20, 2023**  
 Registrar's Name/District Number: **Michelle A. Cassick (Signature on File)**  
 Date Filed: **April 24, 2023**

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

*Les A. Hasselbrook*  
 Les A. Hasselbrook  
 State Registrar



THE DOCUMENT FACE CONTAINS A BLUE BACKGROUND AND EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

Exhibit B



**Exhibit C**

**Exhibit C**

**Exhibit C**

EXHIBIT C

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

for this certificate: \$20.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 28820071

*M. Curiale* MAY 26 2023

Certification Number

Local Registrar

Date Issued

**CERTIFICATE OF DEATH** File No. **349012-2023**

**1. Decedent's Legal Name (Print, Middle, Last, Initial)**  
**Bonny Fay Barley** **2. Sex**  
Female **3. Social Security Number**  
108-42-3258 **4. Date of Death (MM/DD/YYYY)**  
April 28, 2023

**5A. Age Last Birthday (MM/DD/YYYY)**  
71 **6. Date of Birth (MM/DD/YYYY) (Do not include leap year)**  
March 21, 1952 **7. Birthplace (City and State or Foreign Country)**  
Lock Haven, Pennsylvania

**8A. Residence (State or Foreign Country)**  
Pennsylvania **8B. Residence (Street and Number - include Apt No.)**  
108 Barley Lane **9. City, State and Zip of Residence**  
Liberty Township, PA 17045

**10. Cause / Present's Name (ICD-10 Coding, Last, Initial)**  
Cholera **11. Manner / Present's Name (ICD-10 Coding, Last, Initial)**  
Fay Watkins

**12. Informant's Name**  
Bobby Szall **13. Informant's Relationship to Decedent**  
Daughter **14. Informant's Address (Street and Number, City, State, Zip Code)**  
103 Main Street Beach Creek, PA 16822

**15. Place of Occurrence**  
 Home  Hospital  Long Term Care Facility  Other (Specify) \_\_\_\_\_  
 Nursing Home/Assisted Living  Hospice  Other (Specify) \_\_\_\_\_

**16. Facility Name (If not Institution, give street and number)**  
Mount Airy Medical Center **17. City or Town, State, and Zip Code**  
State College, Pennsylvania 16803 **18. County of Death**  
Centre

**19. Method of Disposition**  
 Burial  Cremation  Other (Specify) \_\_\_\_\_  
 Reinterment in another cemetery  Other (Specify) \_\_\_\_\_

**20. Date of Disposition**  
May 10, 2023 **21. Place of Disposition (Name of cemetery, crematory, or other place)**  
Kaysville Cremation Center LLC

**22. Signature of Informant (Print Name and Address)**  
Gerrard A. Szall (Electronically Signed) **23. License Number**  
FD136268

**24. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.**

**25. Decedent's Race - Check ONE OR MORE boxes to indicate what the decedent considered himself or herself to be.**

**26. Decedent's Usual Occupation - Indicate type of work done during most of work life. DO NOT USE RETIRED.**

**27. Year Reported (MM/DD/YYYY)**  
April 28, 2023 **28. Year Reported (MM/DD/YYYY)**  
18-20

**29. Part I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or convulsive death without stating the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.**

**30. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.**

**31. Was an autopsy performed?**

**32. If female:**

**33. Was the death attributable to death?**

**34. Date of Injury (MM/DD/YYYY)**

**35. Place of Injury (City and State, Zip Code)**

**36. Injury of Work:**

**37. If transportation type, specify:**

**38. Cause of Injury (ICD-10 Coding) (Specify Anatomic Site)**

**39. Year of Injury**

**40. Registrar's Signature**  
M. Curiale (Electronically Signed)

**41. Registrar's Name (Print Name)**  
M. Curiale

**42. Date Reported (MM/DD/YYYY)**  
May 10, 2023

**State Use Only**