

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                            |                          |                                                                                                   |                                     |                           |                          |                                                                                |                                     |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|--------------------------|--------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 297149<br>NAME: David D. L. Horton, Esq.<br>FIRM NAME: David D. L. Horton, Esq. & Associates<br>STREET ADDRESS: 777 E Tahquitz Canyon Way   Suite 200-092<br>CITY: Palm Springs, CA 92262 STATE: CA ZIP CODE: 92501<br>TELEPHONE NO.: 951-900-4311 FAX NO.: 951-900-4344<br>E-MAIL ADDRESS: david@hortonesq.com<br>ATTORNEY FOR (name): Petitioner, Mason Calvert                                                                                                                                                                                                                                                                                                                                                                                               | <b>FOR COURT USE ONLY</b><br><br><div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <b>FILED</b><br/>         SUPERIOR COURT OF CALIFORNIA<br/>         COUNTY OF SAN BERNARDINO<br/><br/> <div style="font-size: 1.2em; color: blue;">NOV 14 2023</div><br/> <br/>         BY: DiAnna Verdugo, Deputy       </div> |                                                                                                 |                                                                            |                          |                                                                                                   |                                     |                           |                          |                                                                                |                                     |                                                                                                                                 |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 17780 Arrow Blvd<br>MAILING ADDRESS: 17780 Arrow Blvd<br>CITY AND ZIP CODE: San San Bernardino, CA 92335<br>BRANCH NAME: FONTANA BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                            |                          |                                                                                                   |                                     |                           |                          |                                                                                |                                     |                                                                                                                                 |
| <b>ESTATE OF (name):</b> In Re: Estate of SHERRY L. CALVERT<br><div style="text-align: right;"><b>DECEDENT</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                            |                          |                                                                                                   |                                     |                           |                          |                                                                                |                                     |                                                                                                                                 |
| <b>PETITION FOR</b> <table style="display: inline-table; vertical-align: top;"> <tr> <td><input type="checkbox"/></td> <td>Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Letters of Administration</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Letters of Special Administration <input type="checkbox"/> with general powers</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                      | <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 |
| <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: PROVA2300175<br><br><table style="width: 100%;"> <tr> <td style="width: 80%;">           HEARING DATE AND TIME:<br/> <div style="font-size: 1.2em; color: blue;">DEC 26 2023 9:00 AM</div> </td> <td style="width: 20%;">           DEPT.: F3         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      | HEARING DATE AND TIME:<br><div style="font-size: 1.2em; color: blue;">DEC 26 2023 9:00 AM</div> | DEPT.: F3                                                                  |                          |                                                                                                   |                                     |                           |                          |                                                                                |                                     |                                                                                                                                 |
| HEARING DATE AND TIME:<br><div style="font-size: 1.2em; color: blue;">DEC 26 2023 9:00 AM</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEPT.: F3                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                            |                          |                                                                                                   |                                     |                           |                          |                                                                                |                                     |                                                                                                                                 |

1. Publication will be in (specify name of newspaper): San Bernadino Bulletin

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

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

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Mason Calvert 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) ☒ \$330,000.00 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): May 29, 2023 at (place): Pomona, 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):  
 1478 Bibiana Way  
 Upland, CA 91786, San Bernardino County

|                   |                                                |                              |
|-------------------|------------------------------------------------|------------------------------|
| ESTATE OF (name): | In Re: Estate of SHERRY L. CALVERT<br>DECEDENT | CASE NUMBER:<br>PROVA2300175 |
|-------------------|------------------------------------------------|------------------------------|

3. d. Character and estimated value of the property of the estate (complete in all cases):

- |                                               |                  |               |
|-----------------------------------------------|------------------|---------------|
| (1) Personal property:                        | \$9,000.00       |               |
| (2) Annual gross income from                  |                  |               |
| (a) real property:                            | \$ 0.00          |               |
| (b) personal property:                        | \$ 0.00          |               |
| (3) Subtotal (add (1) and (2)):               | \$ 9,000.00      |               |
| (4) Gross fair market value of real property: | \$ 750,000.00    |               |
| (5) (Less) Encumbrances:                      | (\$ 426,000.00 ) |               |
| (6) Net value of real property:               | \$ 324,000.00    |               |
| (7) Total (add (3) and (6)):                  |                  | \$ 333,000.00 |

- 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): brother
- (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):

3350 Clemans Rd., Clarkston, WA 99403

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

ESTATE OF (name):

In Re: Estate of SHERRY L. CALVERT  
DECEDENTCASE NUMBER:  
PROVA2300175

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):

In Re: Estate of SHERRY L. CALVERT  
DECEDENTCASE NUMBER:  
PROVA2300175

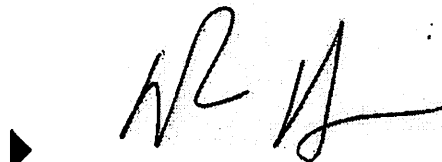
| 8. <u>Name and relationship to decedent</u>                | <u>Age</u> | <u>Address</u>                                                                          |
|------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------|
| Sherry L. Calvert, Decedent                                | Adult      | 1939 E. Shamwood St., West Covina, CA 91791<br>and 1478 Bibiana Way<br>Upland, CA 91786 |
| Mason Calvert, Brother, proposed<br>Administrator          | Adult      | 3350 Clemans Rd., Clarkston, WA 99403                                                   |
| Michael Doyle, cousin, competing proposed<br>Administrator | Adult      | 1939 E. Shamwood St., West Covina, CA 91791                                             |
| Charles A Calvert, Spouse<br>Deceased March 2000           | Adult      | Deceased                                                                                |
| Debbv M. Ehrlich, Esq.,<br>Counsel for Michael R. Doyle    | Adult      | DME & Associates<br>4305 Third Ave., Ste. 3405<br>San Diego, CA 92103                   |

☐ Continued on Attachment 8.9. Number of pages attached: 2

Date: November 7, 2023

David D L Horton, 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: November , 2023

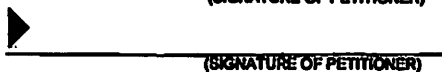
Mason Calvert

(TYPE OR PRINT NAME OF PETITIONER)

 SIGNED IN COUNTERPARTS

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

 (SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

ESTATE OF (name):

In Re: Estate of SHERRY L. CALVERT  
DECEDENTCASE NUMBER:  
PROVA2300175

| 8. Name and relationship to decedent                     | Age   | Address                                                                               |
|----------------------------------------------------------|-------|---------------------------------------------------------------------------------------|
| Sherry L. Calvert, Decedent                              | Adult | 1939 E. Shamwood St., West Covina, CA 91791<br>and 1478 Bibiana Way, Upland, CA 91786 |
| Mason Calvert, Brother, proposed Administrator           | Adult | 3350 Clemens Rd., Clarksburg, WA 99403                                                |
| Michael Doyle, cousin, competing proposed Administrator  | Adult | 1939 E. Shamwood St., West Covina, CA 91791                                           |
| Charles A. Calvert, father<br>Deceased March 2000        | Adult | Deceased                                                                              |
| Dabbyn M. Ehrlich, Esq., Counsel for<br>Michael R. Doyle | Adult | DME & Associates<br>4305 Third Ave., Ste. 3405<br>San Diego, CA 92103                 |

☐ Continued on Attachment 8.9. Number of pages attached: 3

Date: November 7, 2023

David D L Horton, Esq.

(TYPE OR PRINT NAME OF ATTORNEY)

SIGNED IN COUNTERPARTS

(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 7.102).)

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

Date: November 8, 2023

Mason Calvert

(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.



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH

3052023122766

CERTIFICATE OF DEATH

3202319027349

|                                                                     |  |                           |  |
|---------------------------------------------------------------------|--|---------------------------|--|
| STATE FILE NUMBER                                                   |  | LOCAL REGISTRATION NUMBER |  |
| 1. NAME OF DECEDENT - FIRST (Given)                                 |  | 2. LAST (Family)          |  |
| SHERRY                                                              |  | CALVERT                   |  |
| 3. MIDDLE                                                           |  | 1 OF 2                    |  |
| LYNN                                                                |  |                           |  |
| 4. DATE OF BIRTH (Month/Day/Year)                                   |  |                           |  |
| 06/06/1951                                                          |  |                           |  |
| 5. PLACE OF BIRTH (City/State)                                      |  |                           |  |
| 71                                                                  |  |                           |  |
| 6. SEX (M/F)                                                        |  |                           |  |
| F                                                                   |  |                           |  |
| 7. DATE OF DEATH (Month/Day/Year)                                   |  |                           |  |
| 05/29/2023                                                          |  |                           |  |
| 8. HOUR (0-24)                                                      |  |                           |  |
| 0804                                                                |  |                           |  |
| 9. BIRTH DEFECTS (Country)                                          |  |                           |  |
| CA                                                                  |  |                           |  |
| 10. SECURITY NUMBER                                                 |  |                           |  |
| 6567                                                                |  |                           |  |
| 11. EVER IN U.S. ARMED FORCES                                       |  |                           |  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |                           |  |
| 12. MARRIAGE STATUS (at time of death)                              |  |                           |  |
| NEVER MARRIED                                                       |  |                           |  |
| 13. OCCUPATION (highest level)                                      |  |                           |  |
| MASTERS                                                             |  |                           |  |
| 14. DEGREE (if applicable)                                          |  |                           |  |
| PROFESSOR                                                           |  |                           |  |
| 15. DEGREE (if applicable)                                          |  |                           |  |
| SPORTS MEDICINE                                                     |  |                           |  |
| 16. YEARS IN OCCUPATION                                             |  |                           |  |
| 40                                                                  |  |                           |  |
| 17. ADDRESS (Street, City, State, ZIP)                              |  |                           |  |
| 1478 BIBIANA WAY<br>UPLAND<br>SAN BERNARDINO<br>91786<br>CA         |  |                           |  |
| 18. NAME OF SURVIVING SPOUSE (First)                                |  |                           |  |
| MICHAEL DOYLE, COUSIN                                               |  |                           |  |
| 19. ADDRESS (Street, City, State, ZIP)                              |  |                           |  |
| 1939 E SHAMWOOD ST, WEST COVINA, CA 91791                           |  |                           |  |
| 20. NAME OF FATHER (First)                                          |  |                           |  |
| CHARLES                                                             |  |                           |  |
| 21. NAME OF FATHER (Last)                                           |  |                           |  |
| QALVERT                                                             |  |                           |  |
| 22. NAME OF MOTHER (First)                                          |  |                           |  |
| PEPPER                                                              |  |                           |  |
| 23. NAME OF MOTHER (Last)                                           |  |                           |  |
| UNK                                                                 |  |                           |  |
| 24. PLACE OF BIRTH (City/State)                                     |  |                           |  |
| UNK                                                                 |  |                           |  |
| 25. DATE OF DEATH (Month/Day/Year)                                  |  |                           |  |
| 06/06/2023                                                          |  |                           |  |
| 26. PLACE OF DEATH (City/State)                                     |  |                           |  |
| POMONA VALLEY HOSPITAL MEDICAL CENTER                               |  |                           |  |
| 27. TYPE OF DEATH (Natural/Unnatural)                               |  |                           |  |
| SCIENTIFIC USE                                                      |  |                           |  |
| 28. SIGNATURE OF DECEASED                                           |  |                           |  |
| NOT EMBALMED                                                        |  |                           |  |
| 29. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| FD2150                                                              |  |                           |  |
| 30. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| MUNTU DAVIS MD                                                      |  |                           |  |
| 31. DATE (Month/Day/Year)                                           |  |                           |  |
| 06/06/2023                                                          |  |                           |  |
| 32. PLACE OF DEATH (City/State)                                     |  |                           |  |
| POMONA                                                              |  |                           |  |
| 33. CAUSE OF DEATH (Immediate)                                      |  |                           |  |
| ACUTE CARDIORESPIRATORY ARREST                                      |  |                           |  |
| 34. CAUSE OF DEATH (Intermediate)                                   |  |                           |  |
| PULMONARY HYPERTENSION                                              |  |                           |  |
| 35. CAUSE OF DEATH (Underlying)                                     |  |                           |  |
| CARDIOMYOPATHY                                                      |  |                           |  |
| 36. CAUSE OF DEATH (Other)                                          |  |                           |  |
| CORONARY ARTERY DISEASE                                             |  |                           |  |
| 37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH              |  |                           |  |
| NONE                                                                |  |                           |  |
| 38. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 37?           |  |                           |  |
| NO                                                                  |  |                           |  |
| 39. SIGNATURE OF DECEASED                                           |  |                           |  |
| SAMI ISSA ANABI, MD                                                 |  |                           |  |
| 40. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| A81382                                                              |  |                           |  |
| 41. DATE (Month/Day/Year)                                           |  |                           |  |
| 06/05/2023                                                          |  |                           |  |
| 42. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| SAMI ISSA ANABI, MD                                                 |  |                           |  |
| 43. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 44. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 45. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 46. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 47. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 48. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 49. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 50. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 51. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 52. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 53. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 54. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 55. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 56. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 57. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 58. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 59. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 60. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 61. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 62. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 63. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 64. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 65. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 66. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 67. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 68. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 69. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 70. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 71. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 72. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 73. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 74. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 75. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 76. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 77. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 78. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 79. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 80. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 81. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 82. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 83. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 84. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 85. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 86. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 87. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 88. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 89. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 90. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 91. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 92. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 93. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 94. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 95. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 96. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 97. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 98. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 99. SIGNATURE OF LOCAL REGISTRAR                                    |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |
| 100. SIGNATURE OF LOCAL REGISTRAR                                   |  |                           |  |
| 1788 N. GAREY AVE, POMONA, CA 91767                                 |  |                           |  |

CERTIFIED COPY OF VITAL RECORD

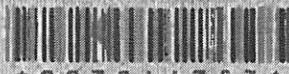
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*[Signature]*  
Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



\*003944353\*

JUL 18 2023





STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052023122766

STATE FILE NUMBER

1.1

### AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3202319027349

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

#### PART I INFORMATION TO LOCATE RECORD

2 OF 2

|                                                       |                                                                 |                                             |                                                                |
|-------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------|
| INFORMATION<br>AS IT APPEARS<br>ON ORIGINAL<br>RECORD | 1A. NAME - FIRST<br>SHERRY                                      | 1B. MIDDLE<br>LYNN                          | 1C. LAST<br>CALVERT                                            |
|                                                       | 2. SEX<br>F                                                     | 3. DATE OF EVENT - MM/DD/YYYY<br>05/09/2023 | 4. CITY OF EVENT<br>POMONA                                     |
|                                                       | 5. FULL NAME OF FATHER AS APPEARED ON RECORD<br>CHARLES CALVERT |                                             | 6. FULL NAME OF MOTHER AS APPEARED ON RECORD<br>PEPPER UNK UNK |
|                                                       | 7. COUNTY OF EVENT<br>LOS ANGELES                               |                                             |                                                                |

#### PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

| 8. ITEM<br>NUMBER TO BE<br>CORRECTED | 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD     | 10. CORRECTED INFORMATION AS IT SHOULD APPEAR    |
|--------------------------------------|--------------------------------------------------------------|--------------------------------------------------|
| 39                                   | 06/06/2023                                                   | 06/09/2023                                       |
| 40                                   | SCIENCE CARE 3926 EAST CONANT<br>STREET LONG BEACH, CA 90803 | SCATTER AT SEA OFF THE COAST OF ORANGE<br>COUNTY |
| 41                                   | SCIENTIFIC USE                                               | CREMATE/SCATTER AT SEA                           |

|                                                                                                          |                                                                                                                                                                           |                                                                 |                                                                        |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|
| REASON FOR<br>CORRECTION                                                                                 | 11. DISPOSITION TAKING PLACE AFTER SCIENTIFIC USE                                                                                                                         |                                                                 |                                                                        |
|                                                                                                          | We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. |                                                                 |                                                                        |
|                                                                                                          | 12A. SIGNATURE OF FIRST PERSON<br>MURIEL CUEVAS                                                                                                                           | 12B. PRINTED NAME<br>MURIEL CUEVAS                              | 12C. TITLE RELATIONSHIP TO PERSON IN PART I<br>FUNERAL HOME STAFF LEVE |
|                                                                                                          | 12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP)<br>305 W STATE STREET, REDLANDS, CA 92373                                                                              | 12E. DATE SIGNED - MM/DD/YYYY<br>08/08/2023                     | 13A. SIGNATURE OF SECOND PERSON<br>JENNIFER A VANNATTER                |
| TWO<br>PERSONS<br>MUST SIGN<br>THIS FORM TO<br>CORRECT A<br>BIRTH, DEATH,<br>OR FETAL<br>DEATH<br>RECORD | 13B. PRINTED NAME<br>JENNIFER A VANNATTER                                                                                                                                 | 13C. TITLE RELATIONSHIP TO PERSON IN PART I<br>FUNERAL DIRECTOR | 13D. DATE SIGNED - MM/DD/YYYY<br>08/13/2023                            |
|                                                                                                          | 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR<br>CDPH-VR                                                                                                                 | 15. DATE ACCEPTED FOR REGISTRATION<br>08/14/2023                |                                                                        |

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 240 (REV. 1.1)

#### CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. It bears the Registrar's signature in purple ink.



\*003944354\*

JUL 18 2023

*[Signature]*  
Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

