

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO. NAME: Ben S. Coltrin, Esq. 339116 FIRM NAME: Coltrin Law Offices, APC STREET ADDRESS: P.O. Box 28252 CITY: Anaheim STATE: CA ZIP CODE: 92809 TELEPHONE NO.: (949) 592-2617 FAX NO.: E-MAIL ADDRESS: ben@coltrinlaw.com ATTORNEY FOR (name): KIMBERLY MARTINEZ	FOR COURT USE ONLY  ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT  8/26/2024 1:46 PM  By: Amanda Romero, 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	CASE NUMBER: <div style="font-size: 1.2em; font-weight: bold; text-align: center;">PROVA2400761</div>
ESTATE OF (name): Scott R. Caviness, aka Scott Caviness  <div style="text-align: right;">DECEDENT</div>	
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: <div style="font-size: 1.2em; font-weight: bold; text-align: center;">10/02/24 9AM</div>
DEPT.: <div style="font-size: 1.2em; font-weight: bold; text-align: center;">F2</div>	

1. Publication will be in (specify name of newspaper): CITY NEWS GROUP

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

2. Petitioner (name each): KIMBERLY MARTINEZ

**requests that**

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

b. (name): KIMBERLY MARTINEZ

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):

ATTACHED AS EXHIBIT A IS A TRUE AND CORRECT COPY OF DECEDENT'S DEATH CERTIFICATE.

3. a. Decedent died on (date): 9/7/2023 at (place): Yucaipa, CA

- (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):

11829 Adams Court  
 Yucaipa, San Bernardino County, California 92399

ESTATE OF (name):

Scott R. Caviness, aka Scott Caviness

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$ 0.00
- (2) Annual gross income from
- (a) real property: \$ 15,600.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 15,600.00
- (4) Gross fair market value of real property: \$ 880,000.00
- (5) (Less) Encumbrances: (\$ 410,000.00)
- (6) Net value of real property: \$ 470,000.00
- (7) Total (add (3) and (6)): \$ 485,600.00

- 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): Sister of decedent
- (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): Scott R. Caviness, aka Scott Caviness

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): Scott R. Caviness, aka Scott Caviness

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8. Name and relationship to decedent

KIMBERLY MARTINEZ, sister

Age

Adult

Address3716 Manderina Ct  
Santa Barbara, CA 93105REBECCA JEAN CAVINESS,  
Pre-deceased sister

Deceased.

VINCENT RUSCIGNO, nephew/  
son of REBECCA JEAN CAVINESS

Adult

511 NE Conifer Dr.  
Bremerton, WA 98311AMANDA NILES, niece/  
daughter of REBECCA JEAN CAVINESS

Adult

511 NE Conifer Dr.  
Bremerton, WA 98311☐ Continued on Attachment 8.9. Number of pages attached: 6

Date: 08/23/2024

Ben S. Coltrin, Esq.  
(TYPE OR PRINT NAME OF ATTORNEY)Ben S. Coltrin  
(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: 08/22/2024

KIMBERLY MARTINEZ  
(TYPE OR PRINT NAME OF PETITIONER)Kimberly Martinez  
(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

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ESTATE OF (Name): Scott R. Caviness, aka Scott Caviness <div style="text-align: right;">, DECEDENT</div>	
<b>WAIVER OF BOND BY HEIR OR BENEFICIARY</b>  <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER:

**NOTICE: READ PARAGRAPHS A-G BEFORE YOU SIGN**

A. A bond is a form of insurance to replace assets that may be mismanaged or stolen by the executor or administrator (the estate's personal representative). The cost of the bond is paid from the assets of the estate.

B. A bond may not be required if the decedent's will admitted to probate waives a bond and the court approves.

C. If the decedent's will does not waive bond, or if the decedent died without a will, the law ordinarily requires the personal representative to give a bond approved and ordered by the court. However, all persons eligible to receive a share of the estate may waive the requirement of a bond. If they all waive bond and the court approves, the personal representative will NOT have to give a bond.

D. If bond is not ordered by the court, and the estate suffers loss because the personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the personal representative. If so, your share of the estate may be partially or entirely lost.

E. You may waive the requirement of a bond by signing this form and delivering it to the petitioner for appointment of a personal representative or to the petitioner's attorney. Your waiver cannot be withdrawn after the court appoints the personal representative without requiring a bond. However, if you sign a waiver of bond, you may later petition the court to require a bond.

F. A guardian ad litem or other legal representative with specific authority under law to waive bond must sign for a minor, an incapacitated person, an unascertained beneficiary, or a designated class of persons who are not ascertained or not yet in being. See Judicial Council forms DE-350 and DE-351 and Probate Code section 1003.

G. If you do not understand this form, do not sign it until you have asked a lawyer (who is independent of the lawyer for the proposed personal representative) to explain it to you.

**WAIVER**

1. I have read and understand paragraphs A through G above.
2. I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
3. I understand that I do not have to waive bond to allow the estate administration to begin or proceed, or to receive my share of the estate.
4. I WAIVE the posting of bond in this estate by (name of personal representative): Kimberly Martinez

Date: 08/22/2024

KIMBERLY MARTINEZ

*Kimberly Martinez*

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))

(SIGNATURE)

\*(This form may be filed as an independent form (as form DE-142) OR  
 as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)

 Form Adopted for Mandatory Use  
 Judicial Council of California  
 DE-142/DE-111(A-3e) [Rev. July 1, 2017]

**WAIVER OF BOND BY HEIR OR BENEFICIARY**  
 (Probate—Decedents Estates)

 Probate Code, § 8481  
 www.courts.ca.gov

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BSC - CAVINESS, SCOTT

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Date: 08/23/2024

VINCENT RUSCIGNO

*Vincent Ruscigno*

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))

(SIGNATURE)

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BSC - CAVINESS, SCOTT

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4. I WAIVE the posting of bond in this estate by (name of personal representative): Kimberly Martinez

Date: 08/23/2024

AMANDA NILES

*Amanda Niles*
(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))

(SIGNATURE)

\*(This form may be filed as an independent form (as form DE-142) OR

as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)

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**WAIVER OF BOND BY HEIR OR BENEFICIARY**  
 (Probate—Decedents Estates)

Probate Code, § 8481  
www.courts.ca.gov

 CEB Essential  
 ccb.com Forms

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BSC - CAVINESS, SCOTT

1 BEN COLTRIN, SBN#339116  
2 PO Box 28252  
3 Anaheim, CA 92809  
4 (949) 592-2617  
5 [ben@coltrinlaw.com](mailto:ben@coltrinlaw.com)

6 Attorney for Kimberly Martinez

7  
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 FOR COUNTY OF SAN BERNARDINO – FONTANA DIVISION  
10

11 Estate of,

12  
13 SCOTT CAVINESS

14 Deceased.  
15  
16  
17

) Case No.:

) **ATTACHMENT 3g(2)(b)**

) DECLINATION TO SERVE AS  
ADMINISTRATOR AND  
NOMINATION OF ADMINISTRATOR

18 I, VINCENT RUSCIGNO, state that I am the nephew of SCOTT CAVINESS,  
19 deceased.

20 I decline to act as Administrator of the Estate of SCOTT CAVINESS.

21 I hereby nominate KIMBERLY MARTINEZ to serve without bond as  
22 Administrator of the Estate of SCOTT CAVINESS, deceased.  
23

24 DATED: 08/23/2024

25 *Vincent Ruscigno*

26 VINCENT RUSCIGNO  
27  
28

ATTACHMENT 3G(2)(B)



1 BEN COLTRIN, SBN#339116  
2 PO Box 28252  
3 Anaheim, CA 92809  
4 (949) 592-2617  
5 ben@coltrinlaw.com

6 Attorney for Kimberly Martinez  
7  
8

9 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
10 FOR COUNTY OF SAN BERNARDINO – FONTANA DIVISION

11 Estate of,

12  
13 SCOTT CAVINESS

14  
15 Deceased.  
16  
17

Case No.:

ATTACHMENT 3g(2)(b)

DECLINATION TO SERVE AS  
ADMINISTRATOR AND  
NOMINATION OF ADMINISTRATOR

18 I, AMANDA NILES, state that I am the niece of SCOTT CAVINESS, deceased.  
19

20 I decline to act as Administrator of the Estate of SCOTT CAVINESS.

21 I hereby nominate KIMBERLY MARTINEZ to serve without bond as  
22 Administrator of the Estate of SCOTT CAVINESS, deceased.

23 DATED: 08/23/2024  
24

25 *Amanda Niles*

26 AMANDA NILES  
27  
28



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### SAN BERNARDINO COUNTY

SAN BERNARDINO, CALIFORNIA

3052023203539

#### CERTIFICATE OF DEATH

3202336011024

STATE FILE NUMBER 3052023203539		LOCAL REGISTRATION NUMBER 3202336011024	
1. NAME OF DECEDENT - FIRST (Given) SCOTT		3. LAST (Family) CAVINESS	
2. MIDDLE R		4. DATE OF BIRTH mm/dd/yyyy 01/01/1965	
5. AGE Yrs 58		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CA		12. MARITAL STATUS/SDP (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree HS GRADUATE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED CORRECTIONS OFFICER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DEPARTMENT OF CORRECTIONS	
19. SOCIAL SECURITY NUMBER		19. YEARS IN OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 11829 ADAMS COURT			
21. CITY YUCAIPA		22. COUNTY/PROVINCE SAN BERNARDINO	
23. ZIP CODE 92399		24. YEARS IN COUNTY 39	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP KIMBERLY MARTINEZ, SISTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3716 MANDARINA COURT, SANTA BARBARA, CA 93105		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST STANTON		32. MIDDLE -	
33. NAME OF MOTHER/PARENT - FIRST BETTY		34. BIRTH STATE TX	
35. MIDDLE JOYCE		36. LAST (BIRTH NAME) ATTAWAY	
37. BIRTH STATE TX		38. BIRTH STATE TX	
39. DISPOSITION DATE mm/dd/yyyy 09/25/2023		40. PLACE OF FINAL DISPOSITION RESIDENCE OF KIMBERLY MARTINEZ 3716 MANDARINA COURT, SANTA BARBARA, CA 93105	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MCDERMOTT-CROCKETT & ASSOCIATES MORTUARY	
45. LICENSE NUMBER FD383		46. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD	
47. DATE mm/dd/yyyy 09/19/2023		48. PLACE OF DEATH FOUND AT RESIDENCE	
101. COUNTY SAN BERNARDINO		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY YUCAIPA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11829 ADAMS COURT		106. CITY YUCAIPA	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) HYPERTENSIVE CARDIOVASCULAR DISEASE (B) HYPERLIPIDEMIA (C) (D)		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY 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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ASTHMA, OBSTRUCTIVE SLEEP APNEA			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. LEFT HEART CATHETERIZATION 05/25/2021			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 01/07/2013 Decedent Last Seen Alive: 07/20/2022		115. SIGNATURE AND TITLE OF CERTIFIER KEVIN KOKFON LEE, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KEVIN KOKFON LEE, MD 9985 SIERRA AVE., FONTANA, CA 93225		117. LICENSE NUMBER A106497	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

#### CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED OCT 06 2023

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-Recorder-Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A

CASANBER02