

DE-111

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 199824 NAME: Richard C. Dayton FIRM NAME: DAYTON LAW FIRM, P.C. STREET ADDRESS: 1754 Technology Drive, Suite 230 CITY: San Jose TELEPHONE NO.: (408) 437-7570 E-MAIL ADDRESS: rich@thedaytonlawfirm.com ATTORNEY FOR (name): Jose Rivera		FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO VICTORVILLE DISTRICT 5/9/2024 2:26 PM By: Brenda Cordero, DEPUTY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 14455 Civic Drive MAILING ADDRESS: CITY AND ZIP CODE: Victorville, CA 92392 BRANCH NAME: Victorville District			
ESTATE OF (name): Jennifer Lee Rivera DECEDENT			
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration <input checked="" type="checkbox"/> Letters of Administration <input checked="" 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: PROV2400203 HEARING DATE AND TIME: 9:00 am DEPT.: V12	

1. Publication will be in (specify name of newspaper): City News Group, Inc.

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

2. Petitioner (name each):

Jose Rivera

requests that

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

b. (name): Jose Rivera

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

and Letters issue upon qualification.

c. ☒ full ☐ limited authority be granted to administer under the Independent Administration of Estates Act.

d. (1) ☒ bond not be required for the reasons stated in item 3e.

(2) ☐ \$ bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code, § 8482.)

(3) ☐ \$ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):

3. a. Decedent died on (date): November 27, 2002 at (place): Victorville, San Bernardino County, California

- (1) ☒ a resident of the county named above.
 (2) ☐ a nonresident of California and left an estate in the county named above located at (specify location permitting publication in the newspaper named in item 1):

b. ☐ Decedent was a citizen of a country other than the United States (specify country):

c. Street address, city, and county of decedent's residence at time of death (specify):
 890 Palo Verde Dr. Barstow, San Bernardino County, California

DE-111

ESTATE OF (name):

Jennifer Lee Rivera

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$
- (2) Annual gross income from
- (a) real property: \$
- (b) personal property: \$
- (3) Subtotal (add (1) and (2)): \$ 0
- (4) Gross fair market value of real property: \$
- (5) (Less) Encumbrances: (\$ 0)
- (6) Net value of real property: \$ 0
- (7) Total (add (3) and (6)): \$ 0

Unknown; need appointment
to pursue a wrongful
death case as part of a
class action. See attached
Statement.

- 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): father

- (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.

DE-111

ESTATE OF (name):
Jennifer Lee Rivera

DECEDENT

CASE NUMBER:

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.

DE-111

ESTATE OF (name):
Jennifer Lee Rivera

DECEDENT

CASE NUMBER:

8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
Jose Rivera, father	Adult	890 Palo Verde Drive Barstow, California, 92311
Janette Rivera, mother	Adult	890 Palo Verde Drive Barstow, California, 92311

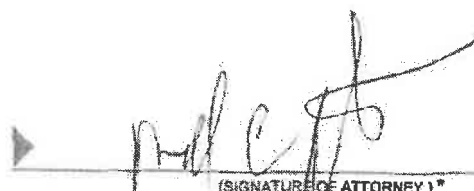
☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date: 5-9-24

Richard C. Dayton

(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).)

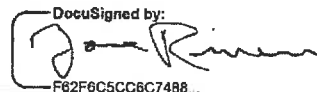
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 5/7/2024

Jose Rivera

(TYPE OR PRINT NAME OF PETITIONER)

DocuSigned by:



F62F6C5CC6C7488

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

ATTACHMENT 3g(2)(a), PERSON ENTITLED TO LETTERS

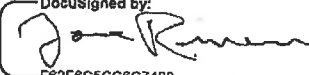
I, the undersigned, state that I am an intestate beneficiary of the decedent as her parent, and she had no spouse.

I am entitled to appointment as administrator as the decedent's father, along with her mother. I am aware that the other person entitled to appointment as administrator, Janette Rivera, is not interested in becoming the administrator of the estate and nominates me to act as administrator.

I accept the nomination as administrator and seek appointment by filing a petition for letters of administration, present and filed with this form.

5/7/2024

Date:

DocuSigned by:

F62F6C5CC8C7488

Jose Rivera
Petitioner

1 Richard C. Dayton (SBN: 199824)
2 DAYTON LAW FIRM, P.C.
3 1754 Technology Drive, Suite 230
4 San Jose, CA 95110-1319
5 Phone: (408) 437-7570
6 Fax: (408) 437-7509

7 Attorney for Petitioner, Jose Rivera

8
9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
10 **FOR THE COUNTY OF SAN BERNARDINO**

11
12 ESTATE OF Jennifer Lee Rivera,
13 Deceased.

14 } STATEMENT IN SUPPORT OF NOT
15 } REQUIRING A BOND AND WHY
16 } APPOINTMENT OF A PERSONAL
17 } REPRESENTATIVE OF THE ESTATE IS
18 } REQUIRED.

19 I, Jose Rivera, petitioner, state as follows:

- 20 1. Item 3(d) and 3(e) of the Petition for Probate, J.C. form DE-111, asks for the value of
21 the estate's property and justification for bond value.
22 2. A class action lawsuit related to the Camp Lejeune Water Contamination is
23 underway. The case is being handled in North Carolina.
24 3. The North Carolina judges overseeing the case have determined that to file a claim
25 for a deceased loved one, a personal representative must be appointed to represent the
26 deceased.
27 4. In addition, should any monetary award be paid, an estate must be opened to receive
28 the funds.

STATEMENT IN SUPPORT OF NOT REQUIRING A BOND AND WHY APPOINTMENT OF A PERSONAL REPRESENTATIVE OF THE
ESTATE IS REQUIRED

- 1 5. A personal representative must be appointed by the court well before August 10,
- 2 2024, to participate in the claim.
- 3 6. California CCP section 377.60 provides that a personal representative has standing to
- 4 sue for wrongful death.
- 5 7. There are no known outstanding creditor claims.
- 6 8. There are no other known assets of the Probate estate.
- 7 9. Probate Code Section 8482 grants the court discretion to fix the bond amount. At this
- 8 time, the value of any claim is unknown. Because the value is unknown, and will not
- 9 be known until and if an award is granted, I am asking the court not to require bond
- 10 or alternatively authorize the use of a blocked account. Settlement of claims may take
- 11 several years. Since the estate's value will remain at zero until the class action is
- 12 settled, the bond does not protect any assets or heirs or beneficiaries of the estate.

13 5/7/2024

14 Executed on: _____

DocuSigned by:

15
16 Jose Rivera, Petitioner

DE-142/DE-111(A-3e)

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY:

STATE BAR NO.: 199824

NAME: Richard C. Dayton

FIRM NAME: DAYTON LAW FIRM, P.C.

STREET ADDRESS: 1754 Technology Drive, Suite 230

CITY: San Jose

STATE: California ZIP CODE: 95110

TELEPHONE NO.: (408) 437-7570

FAX NO.: (408) 437-7509

E-MAIL ADDRESS: rich@thedaytonlawfirm.com

ATTORNEY FOR (name): Jose Rivera

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

STREET ADDRESS: 14455 Civic Drive

MAILING ADDRESS:

CITY AND ZIP CODE: Victorville, CA 92392

BRANCH NAME: Victorville District

ESTATE OF (Name):

Jennifer Lee Rivera

, DECEDENT

WAIVER OF BOND BY HEIR OR BENEFICIARY

CASE NUMBER:

☒ Attachment 3e to Petition for Probate*

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 partly 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

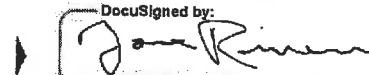
- I have read and understand paragraphs A through G above.
- I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
- I understand that I do not have to waive bond to allow the estate administration to begin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

Date: 5/7/2024

Jose Rivera

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

DocuSigned by:



F42F8C-CC6C745E...

(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).)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 199824 NAME: Richard C. Dayton FIRM NAME: DAYTON LAW FIRM, P.C. STREET ADDRESS: 1754 Technology Drive, Suite 230 CITY: San Jose STATE: California ZIP CODE: 95110 TELEPHONE NO.: (408) 437-7570 FAX NO.: (408) 437-7509 E-MAIL ADDRESS: rich@thedaytonlawfirm.com ATTORNEY FOR (name): Jose Rivera		DE-142/DE-111(A-3e) FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 14455 Civic Drive MAILING ADDRESS: CITY AND ZIP CODE: Victorville, CA 92392 BRANCH NAME: Victorville District		
ESTATE OF (Name): Jennifer Lee Rivera , DECEDENT		
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to <i>Petition for Probate</i> *		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 partly 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): Jose Rivera

Date: 5/8/2024

Janette Rivera

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

DocuSigned by:
Justin R

(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).)**

1 Richard C. Dayton (SBN 199824)
DAYTON LAW FIRM, P.C.
2 1754 Technology Drive, Suite 230
San Jose, CA 95110-1319
3 Phone: (408) 437-7570
Fax: (408) 437-7509
4
5
6

7 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
8 **FOR THE COUNTY OF VICTORVILLE DISTRICT**

9 In re The Estate of:

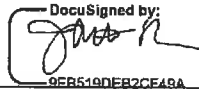
10 Jennifer Rivera
11
12
13

) DECLARATION OF CONSENT TO THE
) APPOINTMENT OF JOSE RIVERA AS
) ADMINISTRATOR OF THE ESTATE
)
)
)
)

14 I, Janette Rivera, as an heir of the Estate of Jennifer Rivera, consent to the appointment of Jose
15 Rivera, Administrator of the Estate of Jennifer Rivera for Letters of Administration Under The
16 Independent Administration of Estates Act (Form De-111).

17 5/8/2024

18 Date: _____

DocuSigned by:

9E8519DEB2CE49A

Janette Rivera

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

CERTIFICATE OF DEATH

3200236010647

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS 10-11 (REV. 1/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST NAME		2. MIDDLE		3. LAST (FAMILY)	
Jennifer		Lee		Rivera	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE YRS.		6. SEX	
07/14/1962		20		F	
7. DATE OF DEATH MM/DD/YYYY		8. HOUR		9. CAUSE	
11/27/2002		0456			
10. STATE OF BIRTH		11. SOCIAL SECURITY NO.		12. MARITAL STATUS	
NY				Never Married	
13. RACE		14. HISPANIC—SPECIFY		15. USUAL EMPLOYER	
Caucasian		Yes Puerto Rican		Childcare America	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Teacher's Assistant		Child Day Care		2	
19. RESIDENCE—STREET AND NUMBER OR LOCATION					
890 Palo Verde Dr.					
20. CITY		21. COUNTY		22. ZIP CODE	
Rancho		San Bernardino		92311	
23. NAME, RELATIONSHIP		24. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		25. STATE OF DEATH	
Jose Rivera		890 Palo Verde Dr., Rancho, CA 92311		CA	
26. NAME OF FATHER—FIRST		27. MIDDLE		28. LAST	
Jose				Rivera	
29. NAME OF MOTHER—FIRST		30. MIDDLE		31. LAST	
Isabella				Morales	
32. DATE B B/D/Y/C/Y		33. PLACE OF BIRTH		34. BIRTH STATE	
12/03/2002		Mt. View Memorial Park, 37067 Irwin Rd., Rancho, CA 92311		NY	
35. TYPE OF DEATH		36. SIGNATURE OF REGISTRAR		37. LICENSE NO.	
Burial		Ron Baker		6578	
38. NAME OF FUNERAL DIRECTOR		39. SIGNATURE OF LEGAL REPRESENTATIVE		40. DATE B B/D/Y/C/Y	
Head Mortuary		F-1102		12/02/2002	
41. PLACE OF DEATH		42. IF HOSPITAL, SPECIFY USE		43. COUNTY	
Victor Valley Community Hospital		Yes No		San Bernardino	
44. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		45. CITY		46. STATE	
15248 Eleventh St		Victorville		CA	
47. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, D, E, AND F)		48. DEATH REPORTED TO CORONER		49. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) Pending		Yes No		02-7335 N	
DUE TO (B)		Yes No			
DUE TO (C)		Yes No			
DUE TO (D)		Yes No			
DUE TO (E)		Yes No			
DUE TO (F)		Yes No			
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 47					
51. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 47? IF YES, LIST TYPE OF OPERATION AND DATE.					
52. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		53. SIGNATURE AND TITLE OF CORONER		54. LICENSE NO.	
55. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP		56. SIGNATURE AND TITLE OF CORONER		57. LICENSE NO.	
58. I CERTIFY THAT IN NO OTHER DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		59. HAD ANY WORK		60. HAD ANY WORK	
61. HAD ANY WORK		62. HAD ANY WORK		63. HAD ANY WORK	
64. HAD ANY WORK		65. HAD ANY WORK		66. HAD ANY WORK	
67. HAD ANY WORK		68. HAD ANY WORK		69. HAD ANY WORK	
70. HAD ANY WORK		71. HAD ANY WORK		72. HAD ANY WORK	
73. HAD ANY WORK		74. HAD ANY WORK		75. HAD ANY WORK	
76. HAD ANY WORK		77. HAD ANY WORK		78. HAD ANY WORK	
79. HAD ANY WORK		80. HAD ANY WORK		81. HAD ANY WORK	
82. HAD ANY WORK		83. HAD ANY WORK		84. HAD ANY WORK	
85. HAD ANY WORK		86. HAD ANY WORK		87. HAD ANY WORK	
88. HAD ANY WORK		89. HAD ANY WORK		90. HAD ANY WORK	
91. HAD ANY WORK		92. HAD ANY WORK		93. HAD ANY WORK	
94. HAD ANY WORK		95. HAD ANY WORK		96. HAD ANY WORK	
97. HAD ANY WORK		98. HAD ANY WORK		99. HAD ANY WORK	
100. HAD ANY WORK		101. HAD ANY WORK		102. HAD ANY WORK	
103. HAD ANY WORK		104. HAD ANY WORK		105. HAD ANY WORK	
106. HAD ANY WORK		107. HAD ANY WORK		108. HAD ANY WORK	
109. HAD ANY WORK		110. HAD ANY WORK		111. HAD ANY WORK	
112. HAD ANY WORK		113. HAD ANY WORK		114. HAD ANY WORK	
115. HAD ANY WORK		116. HAD ANY WORK		117. HAD ANY WORK	
118. HAD ANY WORK		119. HAD ANY WORK		120. HAD ANY WORK	
121. HAD ANY WORK		122. HAD ANY WORK		123. HAD ANY WORK	
124. HAD ANY WORK		125. HAD ANY WORK		126. HAD ANY WORK	
127. HAD ANY WORK		128. HAD ANY WORK		129. HAD ANY WORK	
130. HAD ANY WORK		131. HAD ANY WORK		132. HAD ANY WORK	
133. HAD ANY WORK		134. HAD ANY WORK		135. HAD ANY WORK	
136. HAD ANY WORK		137. HAD ANY WORK		138. HAD ANY WORK	
139. HAD ANY WORK		140. HAD ANY WORK		141. HAD ANY WORK	
142. HAD ANY WORK		143. HAD ANY WORK		144. HAD ANY WORK	
145. HAD ANY WORK		146. HAD ANY WORK		147. HAD ANY WORK	
148. HAD ANY WORK		149. HAD ANY WORK		150. HAD ANY WORK	
151. HAD ANY WORK		152. HAD ANY WORK		153. HAD ANY WORK	
154. HAD ANY WORK		155. HAD ANY WORK		156. HAD ANY WORK	
157. HAD ANY WORK		158. HAD ANY WORK		159. HAD ANY WORK	
160. HAD ANY WORK		161. HAD ANY WORK		162. HAD ANY WORK	
163. HAD ANY WORK		164. HAD ANY WORK		165. HAD ANY WORK	
166. HAD ANY WORK		167. HAD ANY WORK		168. HAD ANY WORK	
169. HAD ANY WORK		170. HAD ANY WORK		171. HAD ANY WORK	
172. HAD ANY WORK		173. HAD ANY WORK		174. HAD ANY WORK	
175. HAD ANY WORK		176. HAD ANY WORK		177. HAD ANY WORK	
178. HAD ANY WORK		179. HAD ANY WORK		180. HAD ANY WORK	
181. HAD ANY WORK		182. HAD ANY WORK		183. HAD ANY WORK	
184. HAD ANY WORK		185. HAD ANY WORK		186. HAD ANY WORK	
187. HAD ANY WORK		188. HAD ANY WORK		189. HAD ANY WORK	
190. HAD ANY WORK		191. HAD ANY WORK		192. HAD ANY WORK	
193. HAD ANY WORK		194. HAD ANY WORK		195. HAD ANY WORK	
196. HAD ANY WORK		197. HAD ANY WORK		198. HAD ANY WORK	
199. HAD ANY WORK		200. HAD ANY WORK		201. HAD ANY WORK	
202. HAD ANY WORK		203. HAD ANY WORK		204. HAD ANY WORK	
205. HAD ANY WORK		206. HAD ANY WORK		207. HAD ANY WORK	
208. HAD ANY WORK		209. HAD ANY WORK		210. HAD ANY WORK	
211. HAD ANY WORK		212. HAD ANY WORK		213. HAD ANY WORK	
214. HAD ANY WORK		215. HAD ANY WORK		216. HAD ANY WORK	
217. HAD ANY WORK		218. HAD ANY WORK		219. HAD ANY WORK	
220. HAD ANY WORK		221. HAD ANY WORK		222. HAD ANY WORK	
223. HAD ANY WORK		224. HAD ANY WORK		225. HAD ANY WORK	
226. HAD ANY WORK		227. HAD ANY WORK		228. HAD ANY WORK	
229. HAD ANY WORK		230. HAD ANY WORK		231. HAD ANY WORK	
232. HAD ANY WORK		233. HAD ANY WORK		234. HAD ANY WORK	
235. HAD ANY WORK		236. HAD ANY WORK		237. HAD ANY WORK	
238. HAD ANY WORK		239. HAD ANY WORK		240. HAD ANY WORK	
241. HAD ANY WORK		242. HAD ANY WORK		243. HAD ANY WORK	
244. HAD ANY WORK		245. HAD ANY WORK		246. HAD ANY WORK	
247. HAD ANY WORK		248. HAD ANY WORK		249. HAD ANY WORK	
250. HAD ANY WORK		251. HAD ANY WORK		252. HAD ANY WORK	
253. HAD ANY WORK		254. HAD ANY WORK		255. HAD ANY WORK	
256. HAD ANY WORK		257. HAD ANY WORK		258. HAD ANY WORK	
259. HAD ANY WORK		260. HAD ANY WORK		261. HAD ANY WORK	
262. HAD ANY WORK		263. HAD ANY WORK		264. HAD ANY WORK	
265. HAD ANY WORK		266. HAD ANY WORK		267. HAD ANY WORK	
268. HAD ANY WORK		269. HAD ANY WORK		270. HAD ANY WORK	
271. HAD ANY WORK		272. HAD ANY WORK		273. HAD ANY WORK	
274. HAD ANY WORK		275. HAD ANY WORK		276. HAD ANY WORK	
277. HAD ANY WORK		278. HAD ANY WORK		279. HAD ANY WORK	
280. HAD ANY WORK		281. HAD ANY WORK		282. HAD ANY WORK	
283. HAD ANY WORK		284. HAD ANY WORK		285. HAD ANY WORK	
286. HAD ANY WORK		287. HAD ANY WORK		288. HAD ANY WORK	
289. HAD ANY WORK		290. HAD ANY WORK		291. HAD ANY WORK	
292. HAD ANY WORK		293. HAD ANY WORK		294. HAD ANY WORK	
295. HAD ANY WORK		296. HAD ANY WORK		297. HAD ANY WORK	
298. HAD ANY WORK		299. HAD ANY WORK		300. HAD ANY WORK	
301. HAD ANY WORK		302. HAD ANY WORK		303. HAD ANY WORK	
304. HAD ANY WORK		305. HAD ANY WORK		306. HAD ANY WORK	
307. HAD ANY WORK		308. HAD ANY WORK		309. HAD ANY WORK	
310. HAD ANY WORK		311. HAD ANY WORK		312. HAD ANY WORK	
313. HAD ANY WORK		314. HAD ANY WORK		315. HAD ANY WORK	
316. HAD ANY WORK		317. HAD ANY WORK		318. HAD ANY WORK	
319. HAD ANY WORK		320. HAD ANY WORK		321. HAD ANY WORK	
322. HAD ANY WORK		323. HAD ANY WORK		324. HAD ANY WORK	
325. HAD ANY WORK		326. HAD ANY WORK		327. HAD ANY WORK	
328. HAD ANY WORK		329. HAD ANY WORK		330. HAD ANY WORK	
331. HAD ANY WORK		332. HAD ANY WORK		333. HAD ANY WORK	
334. HAD ANY WORK		335. HAD ANY WORK		336. HAD ANY WORK	
337. HAD ANY WORK		338. HAD ANY WORK		339. HAD ANY WORK	
340. HAD ANY WORK		341. HAD ANY WORK		342. HAD ANY WORK	
343. HAD ANY WORK		344. HAD ANY WORK		345. HAD ANY WORK	
346. HAD ANY WORK		347. HAD ANY WORK		348. HAD ANY WORK	
349. HAD ANY WORK		350. HAD ANY WORK		351. HAD ANY WORK	
352. HAD ANY WORK		353. HAD ANY WORK		354. HAD ANY WORK	
355. HAD ANY WORK		356. HAD ANY WORK		357. HAD ANY WORK	
358. HAD ANY WORK		359. HAD ANY WORK		360. HAD ANY WORK	
361. HAD ANY WORK		362. HAD ANY WORK		363. HAD ANY WORK	
364. HAD ANY WORK		365. HAD ANY WORK		366. HAD ANY WORK	
367. HAD ANY WORK		368. HAD ANY WORK		369. HAD ANY WORK	
370. HAD ANY WORK		371. HAD ANY WORK		372. HAD ANY WORK	
373. HAD ANY WORK		374. HAD ANY WORK		375. HAD ANY WORK	
376. HAD ANY WORK		377. HAD ANY WORK		378. HAD ANY WORK	
379. HAD ANY WORK		380. HAD ANY WORK		381. HAD ANY WORK	
382. HAD ANY WORK		383. HAD ANY WORK		384. HAD ANY WORK	
385. HAD ANY WORK		386. HAD ANY WORK		387. HAD ANY WORK	
388. HAD ANY WORK		389. HAD ANY WORK		390. HAD ANY WORK	
391. HAD ANY WORK		392. HAD ANY WORK		393. HAD ANY WORK	
394. HAD ANY WORK		395. HAD ANY WORK		396. HAD ANY WORK	
397. HAD ANY WORK		398. HAD ANY WORK		399. HAD ANY WORK	
400. HAD ANY WORK		401. HAD ANY WORK		402. HAD ANY WORK	
403. HAD ANY WORK		404. HAD ANY WORK		405. HAD ANY WORK	
406. HAD ANY WORK		407. HAD ANY WORK		408. HAD ANY WORK	
409. HAD ANY WORK		410. HAD ANY WORK		411. HAD ANY WORK	
412. HAD ANY WORK		413. HAD ANY WORK		414. HAD ANY WORK	
415. HAD ANY WORK		416. HAD ANY WORK		417. HAD ANY WORK	
418. HAD ANY WORK		419. HAD ANY WORK		420. HAD ANY WORK	
421. HAD ANY WORK		422. HAD ANY WORK		423. HAD ANY WORK	
424. HAD ANY WORK		425. HAD ANY WORK		426. HAD ANY WORK	
427. HAD ANY WORK		428. HAD ANY WORK		429. HAD ANY WORK	
430. HAD ANY WORK		431. HAD ANY WORK		432. HAD ANY WORK	
433. HAD ANY WORK		434. HAD ANY WORK		435. HAD ANY WORK	
436. HAD ANY WORK		437. HAD ANY WORK		438. HAD ANY WORK	
439. HAD ANY WORK		440. HAD ANY WORK		441. HAD ANY WORK	
442. HAD ANY WORK		443. HAD ANY WORK		444. HAD ANY WORK	
445. HAD ANY WORK		446. HAD ANY WORK		447. HAD ANY WORK	
448. HAD ANY WORK		449. HAD ANY WORK		450. HAD ANY WORK	
451. HAD ANY WORK		452. HAD ANY WORK		453. HAD ANY WORK	
454. HAD ANY WORK		455. HAD ANY WORK		456. HAD ANY WORK	
457. HAD ANY WORK		458. HAD ANY WORK		459. HAD ANY WORK	
460. HAD ANY WORK		461. HAD ANY WORK		462. HAD ANY WORK	
463. HAD ANY WORK		464. HAD ANY WORK		465. HAD ANY WORK	
466. HAD ANY WORK		467. HAD ANY WORK		468. HAD ANY WORK	
469. HAD ANY WORK		470. HAD ANY WORK		471. HAD ANY WORK	
472. HAD ANY WORK		473. HAD ANY WORK		474. HAD ANY WORK	
475. HAD ANY WORK		476. HAD ANY WORK		477. HAD ANY WORK	
478. HAD ANY WORK		479. HAD ANY WORK		480. HAD ANY WORK	
481. HAD ANY WORK		482. HAD ANY WORK		483. HAD ANY WORK	
484. HAD ANY WORK		485. HAD ANY WORK		486. HAD ANY WORK	
487. HAD ANY WORK		488. HAD ANY WORK		489. HAD ANY WORK	
490. HAD ANY WORK		491. HAD ANY WORK		492. HAD ANY WORK	
493. HAD ANY WORK		494. HAD ANY WORK		495. HAD ANY WORK	
496. HAD ANY WORK		497. HAD ANY WORK		498. HAD ANY WORK	
499. HAD ANY WORK		500. HAD ANY WORK		501. HAD ANY WORK	
502. HAD ANY WORK		503. HAD ANY WORK		504. HAD ANY WORK	
505. HAD ANY WORK		506. HAD ANY WORK		507. HAD ANY WORK	
508. HAD ANY WORK		509. HAD ANY WORK		510. HAD ANY WORK	
511. HAD ANY WORK		512. HAD ANY WORK		513. HAD ANY WORK	
514. HAD ANY WORK		515. HAD ANY WORK		516. HAD ANY WORK	
517. HAD ANY WORK		518. HAD ANY WORK		519. HAD ANY WORK	
520. HAD ANY WORK		521. HAD ANY WORK		522. HAD ANY WORK	
523. HAD ANY WORK		524. HAD ANY WORK		525. HAD ANY WORK	
526. HAD ANY WORK		527. HAD ANY WORK		528. HAD ANY WORK	
529. HAD ANY WORK		530. HAD ANY WORK		531. HAD ANY WORK	
532. HAD ANY WORK		533. HAD ANY WORK		534. HAD ANY WORK	
535. HAD ANY WORK		536. HAD ANY WORK		537. HAD ANY WORK	
538. HAD ANY WORK		539. HAD ANY WORK		540. HAD ANY WORK	
541. HAD ANY WORK		542. HAD ANY WORK		543. HAD ANY WORK	
544. HAD ANY WORK		545. HAD ANY WORK		546. HAD ANY WORK	
547. HAD ANY WORK		548. HAD ANY WORK		549. HAD ANY WORK	
550. HAD ANY WORK		551. HAD ANY WORK		552. HAD ANY WORK	
553. HAD ANY WORK		554. HAD ANY WORK		555. HAD ANY WORK	
556. HAD ANY WORK		557. HAD ANY WORK		558. HAD ANY WORK	
559. HAD ANY WORK		560. HAD ANY WORK		561. HAD ANY WORK	
562. HAD ANY WORK		563. HAD ANY WORK		564. HAD ANY WORK	
565. HAD ANY WORK		566. HAD ANY WORK		567. HAD ANY WORK	
568.					

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
COUNTY of SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH
 351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

3 052002 234938

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
 USE BLACK INK ONLY

3 2 0 0 2 3 6 0 1 0 6 6 7

STATE/LOCAL REGISTRAR USE ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME—FIRST (GIVEN)		2. MIDDLE	
3. DATE OF EVENT—MM/DD/CCYY		4. CITY OF OCCURRENCE	
5. DATE OF EVENT—MM/DD/CCYY		6. COUNTY OF OCCURRENCE	
7. DATE OF EVENT—MM/DD/CCYY		8. COUNTY OF OCCURRENCE	
9. DATE OF EVENT—MM/DD/CCYY		10. COUNTY OF OCCURRENCE	
11. DATE OF EVENT—MM/DD/CCYY		12. COUNTY OF OCCURRENCE	
13. DATE OF EVENT—MM/DD/CCYY		14. COUNTY OF OCCURRENCE	
15. DATE OF EVENT—MM/DD/CCYY		16. COUNTY OF OCCURRENCE	
17. DATE OF EVENT—MM/DD/CCYY		18. COUNTY OF OCCURRENCE	
19. DATE OF EVENT—MM/DD/CCYY		20. COUNTY OF OCCURRENCE	
21. DATE OF EVENT—MM/DD/CCYY		22. COUNTY OF OCCURRENCE	
23. DATE OF EVENT—MM/DD/CCYY		24. COUNTY OF OCCURRENCE	
25. DATE OF EVENT—MM/DD/CCYY		26. COUNTY OF OCCURRENCE	
27. DATE OF EVENT—MM/DD/CCYY		28. COUNTY OF OCCURRENCE	
29. DATE OF EVENT—MM/DD/CCYY		30. COUNTY OF OCCURRENCE	
31. DATE OF EVENT—MM/DD/CCYY		32. COUNTY OF OCCURRENCE	
33. DATE OF EVENT—MM/DD/CCYY		34. COUNTY OF OCCURRENCE	
35. DATE OF EVENT—MM/DD/CCYY		36. COUNTY OF OCCURRENCE	
37. DATE OF EVENT—MM/DD/CCYY		38. COUNTY OF OCCURRENCE	
39. DATE OF EVENT—MM/DD/CCYY		40. COUNTY OF OCCURRENCE	
41. DATE OF EVENT—MM/DD/CCYY		42. COUNTY OF OCCURRENCE	
43. DATE OF EVENT—MM/DD/CCYY		44. COUNTY OF OCCURRENCE	
45. DATE OF EVENT—MM/DD/CCYY		46. COUNTY OF OCCURRENCE	
47. DATE OF EVENT—MM/DD/CCYY		48. COUNTY OF OCCURRENCE	
49. DATE OF EVENT—MM/DD/CCYY		50. COUNTY OF OCCURRENCE	
51. DATE OF EVENT—MM/DD/CCYY		52. COUNTY OF OCCURRENCE	
53. DATE OF EVENT—MM/DD/CCYY		54. COUNTY OF OCCURRENCE	
55. DATE OF EVENT—MM/DD/CCYY		56. COUNTY OF OCCURRENCE	
57. DATE OF EVENT—MM/DD/CCYY		58. COUNTY OF OCCURRENCE	
59. DATE OF EVENT—MM/DD/CCYY		60. COUNTY OF OCCURRENCE	
61. DATE OF EVENT—MM/DD/CCYY		62. COUNTY OF OCCURRENCE	
63. DATE OF EVENT—MM/DD/CCYY		64. COUNTY OF OCCURRENCE	
65. DATE OF EVENT—MM/DD/CCYY		66. COUNTY OF OCCURRENCE	
67. DATE OF EVENT—MM/DD/CCYY		68. COUNTY OF OCCURRENCE	
69. DATE OF EVENT—MM/DD/CCYY		70. COUNTY OF OCCURRENCE	
71. DATE OF EVENT—MM/DD/CCYY		72. COUNTY OF OCCURRENCE	
73. DATE OF EVENT—MM/DD/CCYY		74. COUNTY OF OCCURRENCE	
75. DATE OF EVENT—MM/DD/CCYY		76. COUNTY OF OCCURRENCE	
77. DATE OF EVENT—MM/DD/CCYY		78. COUNTY OF OCCURRENCE	
79. DATE OF EVENT—MM/DD/CCYY		80. COUNTY OF OCCURRENCE	
81. DATE OF EVENT—MM/DD/CCYY		82. COUNTY OF OCCURRENCE	
83. DATE OF EVENT—MM/DD/CCYY		84. COUNTY OF OCCURRENCE	
85. DATE OF EVENT—MM/DD/CCYY		86. COUNTY OF OCCURRENCE	
87. DATE OF EVENT—MM/DD/CCYY		88. COUNTY OF OCCURRENCE	
89. DATE OF EVENT—MM/DD/CCYY		90. COUNTY OF OCCURRENCE	
91. DATE OF EVENT—MM/DD/CCYY		92. COUNTY OF OCCURRENCE	
93. DATE OF EVENT—MM/DD/CCYY		94. COUNTY OF OCCURRENCE	
95. DATE OF EVENT—MM/DD/CCYY		96. COUNTY OF OCCURRENCE	
97. DATE OF EVENT—MM/DD/CCYY		98. COUNTY OF OCCURRENCE	
99. DATE OF EVENT—MM/DD/CCYY		100. COUNTY OF OCCURRENCE	

LIST ONE
ITEM
PER LINE

02-7886RE

DECLARATION
OF
CERTIFYING
PHYSICIAN
OR CORONER

STATE/LOCAL
REGISTRAR
USE ONLY

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	12. DATE SIGNED—MM/DD/CCYY	13. TYPED OR PRINTED NAME AND TITLE/DENISE OF CERTIFIER	14. ADDRESS—STREET AND NUMBER
<i>R. F. Ebel</i>	03/26/2003	R. F. Ebel/Deputy Coroner	15329 Bonanza Rd. Ste. #3
15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR	16. CITY	17. STATE	18. ZIP CODE
Office of State Registrar of Vital Statistics	Victoryville	CA	92392
19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY		20. DATE OF EVENT—MM/DD/CCYY	
06/26/2003		06/26/2003	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

OSP 00 48886

10 243 (Rev. 5/90)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

07/10/2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Thomas J. Prendergast, M.D.
 THOMAS J. PRENDERGAST, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

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



001309174

