

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Justin Tucker #349336 Law Office of Pietro Canestrelli 43460 Ridge Park Drive suite 150 Temecula, CA 92590 TELEPHONE NO.: 951-319-7674 FAX NO. (Optional): 951-319-7671 E-MAIL ADDRESS (Optional): justin@ietaxattorney.com ATTORNEY FOR (Name): Carol Patton		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Fontana, 92335 BRANCH NAME: Fontana District		
ESTATE OF (Name): Sandra Kay Prigger DECEDENT		
NOTICE OF PETITION TO ADMINISTER ESTATE OF (Name): Sandra Kay Prigger		CASE NUMBER: PROVA2500326

- To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of (specify all names by which the decedent was known):
Sandra Kay Prigger
- A **Petition for Probate** has been filed by (name of petitioner): Carol Patton in the Superior Court of California, County of (specify): San Bernardino
- The Petition for Probate requests that (name): Carol Patton be appointed as personal representative to administer the estate of the decedent.
- ☒ The petition requests the decedent's will and codicils, if any, be admitted to probate. The will and any codicils are available for examination in the file kept by the court.
- ☒ The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
- A **hearing on the petition will be held in this court as follows:**

a. Date: 06/04/2025	Time: 09:00 AM	Dept.: F3	Room:
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b. Address of court: ☒ same as noted above ☐ other (specify):
- If you **object** to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.
- If you are a **creditor or a contingent creditor of the decedent**, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.
Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.
- You may **examine the file kept by the court**. If you are a person interested in the estate, you may file with the court a *Request for Special Notice* (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A *Request for Special Notice* form is available from the court clerk.
- ☐ Petitioner ☒ Attorney for petitioner (name): Justin Tucker
43460 Ridge Park Drive Suite 150
(Address): Temecula, CA 92590
(Telephone): 951-319-7674

NOTE: If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

ESTATE OF (Name):
Sandra Kay Prigger

CASE NUMBER:
PROVA2500326

DECEDENT

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*): 43460 Ridge Park Drive Suite 150
Temecula, CA 92590
3. I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
 - a. ☒ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
 - b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
4. a. Date mailed: 05/01/2025 b. Place mailed (*city, state*): Temecula, CA
5. ☒ I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice.

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

Date: 05/01/2025

Reyna Cerda

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

Reyna Cerda

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served	Address (<i>number, street, city, state, and zip code</i>)
1. Carol Rae Patton	14 ACR 3117 Vernon, AZ 85940
2. Stanley Jacobson	1095 Alta Crest San Bernardino, CA 92407
3. Office of the Attorney General	1300 "I" Street Sacramento, CA 95814-2919
4.	
5.	
6.	

☐ Continued on an attachment. (You may use form DE-121(MA) to show additional persons served.)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Justin Tucker FIRM NAME: Law Office of Pietro Canestrelli STREET ADDRESS: 43460 Ridgde park Drive Suite 150 CITY: Temecula TELEPHONE NO.: 951-319-7674 E-MAIL ADDRESS: justin@ietaxattorney.com ATTORNEY FOR (name): Carol Patton		STATE BAR NO.: 349336 STATE: CA ZIP CODE: 92590 FAX NO.: 951-319-7671	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Fontana , 92335 BRANCH NAME: Fontana District			
ESTATE OF (name): Sandra Kay Prigger 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 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		FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 4/14/2025 9:18 AM By: Kylie Meneses, DEPUTY	
		CASE NUMBER: PROVA2500326	
		HEARING DATE AND TIME: 06/04/25 9:00 AM	DEPT.: F3

1. Publication will be in (specify name of newspaper): San Bernardino City News
 a. ☐ Publication requested.
 b. ☒ Publication to be arranged.
2. **Petitioner** (name each):
 Carol Patton

requests that

- a. ☒ Decedent's will and codicils, if any, be admitted to probate.
- b. (name): Carol Patton
- (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): 09/15/2024 at (place): 2101 N Waterman Ave San Bernardino, CA 92407
- (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):
1095 Alta Crest Ave San Bernardino, CA 92407

ESTATE OF (name):	Sandra Kay Prigger DECEDENT	CASE NUMBER:
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3. d. **Character and estimated value of the property of the estate** (complete in all cases):

- (1) Personal property: \$0
- (2) Annual gross income from
- (a) real property: \$ 0
- (b) personal property: \$ 0
- (3) **Subtotal** (add (1) and (2)): \$ 0
- (4) Gross fair market value of real property: \$ 525,000
- (5) (Less) Encumbrances: (\$ 0)
- (6) Net value of real property: \$ 525,000
- (7) **Total** (add (3) and (6)): \$ 525,000

- 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: 01/29/2019 ☐ 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):
Named personal representative has not petitioned court to administer the estate, beneficiary now petitions court and requests to administer the estate .

☐ 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): Petitioner is not related but is the beneficiary to the estate.
- (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):
14 ACR 3117
Vernon, AZ 85940

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

ESTATE OF (name):

Sandra Kay Prigger
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.

ESTATE OF (name):

Sandra Kay Prigger
DECEDENT

CASE NUMBER:

8. <u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
Carol Rae Patton, friend, named beneficiary in Will	65	14 ACR 3117 Vernon, AZ 85940
Stanley Jacobson, Named Personal Representative in Will	88	1095 Alta Crest San Bernardino, CA 92407
Louis Berwick, alternate beneficiary	Unkown	Unknown

☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date: 04 / 10 / 2025

Justin Tucker

(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: 04 / 10 / 2025

Carol Patton

(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.

1 **DECLARATION BY CAROL PATTON REGARDING LOUIS BERWICK**

2 The Petitioner has made diligent and reasonable efforts to locate Louis Berwick and notify him of
3 the Petition. The Petitioner has also contacted Stanley Jacobson, through her attorney of record,
4 seeking any relevant information regarding Louis Berwick's whereabouts. In response, Stanley
5 Jacobson has indicated that he is unaware of who Louis Berwick is and has no information as to
6 his current location. As of this date, neither the Petitioner nor Stanley Jacobson have any
7 knowledge of Louis Berwick's identity or his location.

8 Louis Berwick is listed as an alternate beneficiary under the decedent's estate. However, it is
9 important to note that he would only inherit property if both Carol Patton and Stanley Jacobson
10 predeceased the decedent, which did not occur. Therefore, the Petitioner respectfully requests that
11 the Court grant permission to proceed with the Petition without r notice to Louis Berwick. Should
12 Louis Berwick be located at any point in the future, the Petitioner will promptly ensure that he is
13 notified of the proceedings moving forward.

14 Notwithstanding the contingent nature of his potential interest, I have undertaken diligent efforts,
15 directly and through my counsel, to identify and locate Louis Berwick to provide notice of this
16 proceeding.

17 As part of these efforts, my attorney of record contacted Stanley to inquire if Mr. Jacobson
18 possessed any information regarding the identity or whereabouts of Louis Berwick. Mr. Jacobson
19 indicated that he does not know who Louis Berwick is and has no information concerning him or
20 his location.

21 Despite these diligent efforts, I have been unable to ascertain the current whereabouts or any
22 further identifying information for Louis Berwick beyond the name listed in the Decedent's estate
23 planning document. To date, neither I nor, to my knowledge, Stanley Jacobson, know the location
24 of Louis Berwick.

25 Should any information regarding the location of Louis Berwick become known during the
26 pendency of these proceedings, I will promptly provide notice to him or seek further instruction
27 from the Court regarding notice.

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



Carol Patton
Petitioner

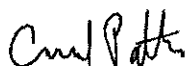
ATTACHMENT 3G(1)(C)

The decedent, Sandra Kay Prigger, died testate on September 15, 2024, unmarried, without surviving issue, and predeceased by her spouse. Her Last Will and Testament, dated January 29, 2019, designates Stanley Jacobson as Personal Representative.

Despite this statutory priority, Mr. Jacobson has failed to petition the Court for appointment or initiate probate proceedings. Petitioner Carol Patton, as the primary beneficiary under the Will, asserts standing to administer the estate.

Ms. Patton qualifies as the primary devisee under the Will, having survived the decedent by 45 days, and as the sole heir-at-law.

WHEREFORE, Carol Patton respectfully requests the Court: (a) Grant this Petition; (b) Appoint her as Administrator with Will Annexed; and (c) Issue Letters of Administration under Cal. Prob. Code § 8402, given the Nominee's failure to act.



Carol Patton
Petitioner

Will of Sandra Kay Prigger

RECEIVED
OCT 18 2024

SUPERIOR COURT OF CALIFORNIA
SAN BERNARDINO COUNTY

PERSONAL INFORMATION:

I, Sandra Kay Prigger, a resident of California, San Bernardino, declare that this is my will. My Social Security Number is 571-62-9749

REVOVATION OF PREVIOUS WILLS:

First: I revoke all wills and codicils that I have previously made.

MARTIAL STATUS:

Second: I am a widow of Preston Prigger.

DEFINITIONS:

Third: As used in this will, the term "specific bequest" refers to a gift of specifically identified property that I leave in this will. The term "residuary estate" refers to all property subject to this will that is not passed by specific bequest or that is specifically left to or becomes a part of my residuary estate when a beneficiary of a specific bequest fails to survive me. The term "residuary bequest" refers to a gift of all or a portion of my residuary estate.

SPECIFIC BRQUESTS OF PROPERTY:

Fourth: I give Carol Patton to I give all property. However, if I give all property does not survive me, the property shall go to Stanley Jacobson.

Fifth: I give all property to Carol Patton. However, if Carol Patton does not survive me, the property shall go to Stanley Jacobson.

RESIDUARY ESTATE:

Sixth: I give my residuary estate to Stanley Jacobson. However, if Stanley Jacobson does not survive me, my residuary estate shall go to Louis Berwick.

ENCUMBRANCES AND LIENS:

Seventh: All personal and real property I give in a specific or residuary bequest shall pass subject to any encumbrance or liens on the property.

SURVIVORSHIP PERIOD:

Eight: When this will states that a beneficiary must survive me for the purpose of receiving a specific bequest or residuary bequest, he or she must survive me by 45 days.

DIVISION OF BEQUESTS:

Ninth: Any specific bequest or residuary bequest made in this will to two or more beneficiaries shall be shared equally among them, unless unequal shares are specifically indicated.

Page1 initials: SP Date: 1/29/2019

PERSONAL REPRESENTATIVE:

Tenth: I name Stanley Jacobson as my personal representative. No personal representative shall be required to post bond.

PERSONAL REPRESENTATIVE'S POWERS:

Eleventh: If the probate of this will is necessary, I direct that my personal representative petition the court for an order to administer my estate under the provisions of Independent Administration of Estate Act.

PAYMENT OF DEBT:

Twelfth: Except for liens and encumbrances placed on property as security for the repayment of a loan or debt, I instruct my personal representative to pay all debts and expenses, as provided by the laws of California.

PAYMENT OF TAXES:

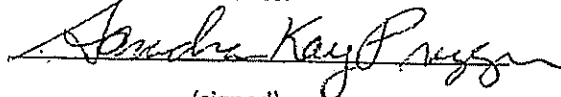
Thirteenth: I instruct my personal representative to pay all estate and inheritance taxes assed against property in my estate or against my beneficiaries as provided for by the laws of California.

NO CONTEST PROVISION:

Fourteenth: If any beneficiary under this contests this will or any of its provisions, any share or interest in my estate will be revoked and shall be disposed of in the same manner as if that contesting beneficiary had failed to survive me and left no living children.

SIGNATURE:

I, Sandra Kay Prigger, the testator, sign my name to this instrument, this 29 day of January, 2019 at San Bernardino CA. I declare that I sign it willingly, and that I execute it as my free and voluntary act. I declare that I am of the age of majority or otherwise legally empowered to make a will, and under no constraint or undue influence.


(signed)

Page2 Initials: SP Date: 1/29/2019

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Will of Sandra Kay Prigger

California All-Purpose Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Bernardino

On 01/29/19 before me, Ernesto De La Torre, notary public, personally appeared ***Sandra Prigger***, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

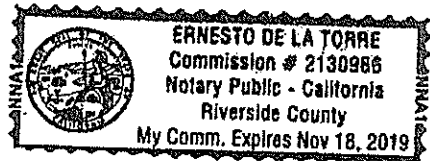
I certify UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal of this reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Will Of Sandra Kay Prigger

Document Date: _____ # of Pages: _____

Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN BERNARDINO COUNTY
SAN BERNARDINO, CALIFORNIA

3052024228889

CERTIFICATE OF DEATH

3202436012423

STATE FILE NUMBER 3052024228889		LOCAL REGISTRATION NUMBER 3202436012423	
1. NAME OF DECEASED - FIRST (Last name) SANDRA		2. MIDDLE KAY	
3. LAST (P. last name) PRIGGER		4. DATE OF BIRTH (m/d/yyyy) 03/26/1945	
5. AGE (yrs) 79		6. SEX F	
7. BIRTH STATE OR COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS (at time of death) DIVORCED	
11. DATE OF DEATH (m/d/yyyy) 09/15/2024		12. HOURS 1126	
13. EDUCATION - High School Graduate? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		14. DECEASED'S RACE - Up to 5 races may be listed (see worksheet on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ADMINISTRATOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION	
17. DECEASED'S RESIDENCE (Street and number, or locality) 1095 ALTA CREST AVE		18. YEARS IN OCCUPATION 20	
19. CITY SAN BERNARDINO		20. COUNTY SAN BERNARDINO	
21. ZIP CODE 92407		22. YEARS IN COUNTY 20	
23. STATE OR COUNTRY CA		24. DECEASED'S NAME, RELATIONSHIP STANLEY JACOBSON, POA	
25. NAME OF SURVIVING SPOUSE (First) UNK		26. MIDDLE UNK	
27. LAST (First Name) UNKK		28. BIRTH STATE UNK	
29. NAME OF FATHER (First) UNK		30. MIDDLE UNK	
31. LAST (First Name) UNK		32. BIRTH STATE UNK	
33. DATE OF DEATH (m/d/yyyy) 10/29/2024		34. PLACE OF DEATH (Street and number, or locality) RES STANLEY JACOBSON 1095 ALTA CREST AVE, SAN BERNARDINO, CA 92407	
35. TYPE OF DISPOSITION CREMATE/RESIDENCE		36. SIGNATURE OF EXAMINER NOT EMBALMED	
37. NAME OF FUNERAL ESTABLISHMENT THOMAS MILLER MORTUARY & CREMATORY - SIERRA MEMORIAL CHAPEL		38. LICENSE NUMBER FD1139	
39. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD		40. DATE (m/d/yyyy) 10/28/2024	
41. PLACE OF DEATH ST. BERNARDINE MEDICAL CENTER		42. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
43. COUNTY SAN BERNARDINO		44. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) 2101 N WATERMAN AVE	
45. CAUSE OF DEATH IMMEDIATE CAUSE (First & second or condition resulting in death) DISTRIBUTIVE SHOCK EMPHYSEMATOUS CYSTITIS NINETY PERCENT CELIAC ARTERY OCCLUSION METASTATIC LOBULAR BREAST CARCINOMA		46. TIME (Hours, Minutes, Seconds) HRS MIN SEC	
47. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO		48. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
49. SIGNATURE OF DECEASED'S NEXT OF KIN AMANDA ROSE VAN MECL, DO		50. LICENSE NUMBER 20A18969	
51. DATE (m/d/yyyy) 09/14/2024		52. DATE (m/d/yyyy) 10/26/2024	
53. TYPE OF DEATH NATURAL ACCIDENT HOMICIDE SUICIDE FALLING FIRE GAS OTHER		54. TYPE OF DEATH NATURAL ACCIDENT HOMICIDE SUICIDE FALLING FIRE GAS OTHER	
55. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.) 2101 N WATERMAN AVE, SAN BERNARDINO, CA 92404		56. TIME (Hours, Minutes, Seconds) HRS MIN SEC	
57. SIGNATURE OF CORONER/DEPUTY CORONER JOSE GONZALES		58. DATE (m/d/yyyy) FEB 28 2025	
59. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER ASSESSOR-RECORDER-CLERK		60. FAX AUTH# 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 FEB 28 2025



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

