

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: DUANE P. BOOTH (SBN 119452) FIRM NAME: LAW OFFICES OF DUANE P. BOOTH STREET ADDRESS: 555 NORTH D STREET, SUITE 110 CITY: SAN BERNARDINO STATE: CA ZIP CODE: 92401 TELEPHONE NO.: (909) 888-7895 FAX NO.: (909) 888-7897 E-MAIL ADDRESS: DUANE@DPBOOTHLAW.COM ATTORNEY FOR (name): LAWRENCE MICHAEL DADE	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO JAN 07 2024 BY: Brenda Perez-Cordero, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 ARROW BLVD MAILING ADDRESS: 17780 ARROW BLVD CITY AND ZIP CODE: FONTANA, CALIFORNIA 92335 BRANCH NAME: PROBATE DIVISION	
ESTATE OF (name): RAYMOND ROY DADE aka: RAYMOND R. RAYMOND DADE; RAY R. DADE <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	CASE NUMBER: PROBATE 24000013 HEARING DATE AND TIME: FEB 20 2024 9:00am DEPT.: F2

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

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

2. Petitioner (name each): LAWRENCE MICHAEL DADE

requests that

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

b. (name): LAWRENCE MICHAEL DADE

- (1) ☐ executor
 (2) ☐ administrator with will annexed
 (3) ☒ administrator
 (4) ☐ special administrator ☐ with general powers
 and Letters issue upon qualification.

be appointed

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): 7/1/2017

at (place): SAN BERNARDINO, 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):

25630 BYRON STREET
 SAN BERNARDINO, CALIFORNIA 92404

PETITION FOR PROBATE
(Probate-Decedents Estates)

Dade, Lawrence Michael

ESTATE OF (name):

RAYMOND ROY DADE aka: RAYMOND R. DADE,
RAYMOND DADE; RAY R. DADE

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: \$
- (b) personal property: \$
- (3) Subtotal (add (1) and (2)): \$ 0.00
- (4) Gross fair market value of real property: \$ 400,000.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 400,000.00
- (7) Total (add (3) and (6)): \$ 400,000.00

- 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): SON
- (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): RAYMOND ROY DADE aka: RAYMOND R.
RAYMOND DADE; RAY R. DADE

CASE NUMBER:

DECEDENT

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): RAYMOND ROY DADE aka: RAYMOND R.
RAYMOND DADE; RAY R. DADE

CASE NUMBER:

DECEDENT

8. Name and relationship to decedent
LAWRENCE MICHAEL DADE, SON

AgeAddress

ADULT

25630 BYRON STREET
SAN BERNARDINO, CALIFORNIA 92404

DEBBIE BROWN, DAUGHTER

ADULT

3541 ALKEN STREET
BAKERSFIELD, CALIFORNIA 93308

LESLIE PUSAK, DAUGHTER

ADULT

3772 ELM STREET
SAN BERNARDINO, CALIFORNIA 92404

LISA BLAYLOCK, DAUGHTER

ADULT

DECEASED

MANDY BLAYLOCK, GRANDDAUGHTER

ADULT

8725 YUBA ROAD
PHELAN, CALIFORNIA 92371

MITCHELL BLAYLOCK, GRANDDAUGHTER

ADULT

8725 YUBA ROAD
PHELAN, CALIFORNIA 92371

MATT BLAYLOCK, GRANDSON

ADULT

10466 LEBEC ROAD
PHELAN, CALIFORNIA 92371

STEPHANIE HARDING, DAUGHTER

ADULT

210 MEADOW LANE
CRESTLINE, CALIFORNIA 92325

DONNIE RAY DADE, SON

ADULT

DECEASED

CHRISTOPHER ROBIN, SON

ADULT

1626 JASON COURT
REDLANDS, CALIFORNIA 92374

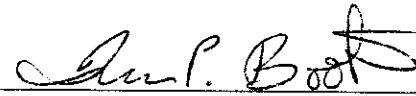
☐ Continued on Attachment 8.

9. Number of pages attached: 4

Date: 01/04/2024

DUANE P. BOOTH

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)*

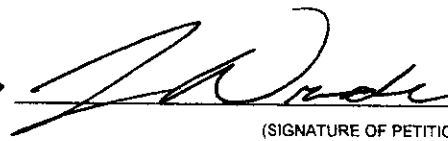
*Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103.)

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

Date: 1-4-24

LAWRENCE MICHAEL DADE

(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.

SAN BERNARDINO COUNTY
SAN BERNARDINO, CALIFORNIA

3052017147772

CERTIFICATE OF DEATH

3201736007882

STATE FILE NUMBER 3052017147772		LOCAL REGISTRATION NUMBER 3201736007882	
1. NAME OF DECEDENT - FIRST (Given) RAYMOND		3. LAST (Family) DADE	
2. MIDDLE ROY		4. DATE OF BIRTH mm/dd/yyyy 03/19/1932	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 85	
6. BIRTH STATE/FOREIGN COUNTRY MO		7. DATE OF DEATH mm/dd/yyyy 07/01/2017	
8. SOCIAL SECURITY NUMBER -5426		9. HOURS 1447	
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS/PROSP (at time of death) WIDOWED	
12. EDUCATION - highest level degree (see worksheet on back) HS GRADUATE		13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PIPE FITTER		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) CONSTRUCTION	
16. DECEASED'S RESIDENCE (Street and number, or location) 25630 BYRON ST		17. YEARS IN OCCUPATION 30	
18. CITY SAN BERNARDINO		19. COUNTY/PROVINCE SAN BERNARDINO	
20. ZIP CODE 92404		21. STATE/FOREIGN COUNTRY CA	
22. INFORMANT'S NAME, RELATIONSHIP LESLIE J. PUSOK, DAUGHTER		23. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3772 ELM AVE, SAN BERNARDINO, CA 92404	
24. NAME OF SURVIVING SPOUSE/PROSP - FIRST -		25. LAST (BIRTH NAME) -	
26. NAME OF FATHER/PARENT - FIRST RICHARD		27. MIDDLE W.	
28. NAME OF MOTHER/PARENT - FIRST MABEL		29. MIDDLE OLIVE	
30. DISPOSITION DATE mm/dd/yyyy 07/24/2017		31. PLACE OF FINAL DISPOSITION RES OF LESLIE J. PUSOK 3772 ELM AVE, SAN BERNARDINO, CA 92404	
32. TYPE OF DISPOSITION CR/RES		33. SIGNATURE OF EMBALMER NOT EMBALMED	
34. NAME OF FUNERAL ESTABLISHMENT ARLINGTON MORTUARY		35. LICENSE NUMBER FD1033	
36. PLACE OF DEATH FOUND AT HOME		37. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD	
38. COUNTY SAN BERNARDINO		39. CITY SAN BERNARDINO	
40. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 25630 BYRON STREET		41. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
42. 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. IMMEDIATE CAUSE (First disease or condition resulting in death) HYPERTENSIVE CARDIOVASCULAR DISEASE Secondary, but conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CHRONIC ALCOHOLISM		43. USAIN REPORTED TO CORONER (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 701704801 (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (DT) YES <input type="checkbox"/> NO <input type="checkbox"/>	
44. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (CAUSE on 147) NO		45. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 147 OR 1127 (If yes, list type of operation and date) NO	
46. 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 Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		47. SIGNATURE AND TITLE OF CERTIFIER GABRIEL MORALES	
48. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" 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		49. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GABRIEL MORALES, DEP CORONER	
50. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		51. MAILED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
52. DESCRIBE HOW INJURY OCCURRED (Results which resulted in injury)		53. INJURY DATE mm/dd/yyyy	
54. LOCATION OF INJURY (Street and number, or location, and city, and zip)		55. HOUR (24 Hours)	
56. SIGNATURE OF CORONER / DEPUTY CORONER GABRIEL MORALES		57. DATE mm/dd/yyyy 07/21/2017	
58. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER GABRIEL MORALES, DEP CORONER		59. PRX AUTH.#	
60. STATE REGISTRAR A		61. CENSUS TRACT 010001003607118	

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 **JAN 04 2024**

Maria Jue

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



002950852

CHRIS VILANTE
ASSESSOR-RECORDER-CLERK



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
SAN BERNARDINO COUNTY
SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH

3200136010200

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/20)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) MARY		2. MIDDLE M.		3. LAST (FAMILY) DADE	
4. DATE OF BIRTH MM/DD/CCYY 01/06/1936		5. AGE YRS. 65		6. SEX F	
7. DATE OF DEATH MM/DD/CCYY 11/18/2001		8. HOUR 2142			
9. STATE OF BIRTH KY		10. SOCIAL SECURITY NO. -14C4		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED UNKNOWN			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER UNKNOWN	
17. OCCUPATION WAITRESS		18. KIND OF BUSINESS FOOD SERVICE		19. YEARS IN OCCUPATION UNKNOWN	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 25630 BYRON STREET					
21. CITY SAN BERNARDINO		22. COUNTY SAN BERNARDINO		23. ZIP CODE 92404	
24. YRS IN COUNTY 43		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP RAY R. DADE—HUSBAND					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 25630 BYRON STREET SAN BERNARDINO, CA 92404					
28. NAME OF SURVIVING SPOUSE—FIRST RAY		29. MIDDLE R.		30. LAST (MAIDEN NAME) DADE	
31. NAME OF FATHER—FIRST PASIE		32. MIDDLE —		33. LAST STEWART	
34. BIRTH STATE KY		35. NAME OF MOTHER—FIRST BESSIE		36. MIDDLE M.	
37. LAST (MAIDEN) NAUGHSINGER		38. BIRTH STATE KY			
39. DATE MM/DD/CCYY 11/23/2001		40. PLACE OF FINAL DISPOSITION RES: DAUGHTER—BRENDA RIEKEN 25214 E 17TH STREET SAN BERNARDINO, CA 92404			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. —	
44. NAME OF FUNERAL DIRECTOR MT. VIEW MORTUARY		45. LICENSE NO. FD 1526		46. SIGNATURE OF LOCAL REGISTRAR [Signature] MVD	
47. DATE MM/DD/CCYY 11/20/2001					
101. PLACE OF DEATH ST BERNARDINE MED CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY SAN BERNARDINO		105. CITY SAN BERNARDINO		106. CITY SAN BERNARDINO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE DUE TO (B) ISCHEMIC CARDIOMYOPATHY DUE TO (C) CORONARY ARTERY DISEASE DUE TO (D) 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CHRONIC RENAL FAILURE 13. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. CABG ---/---/1991		TIME INTERVAL BETWEEN ONSET AND DEATH 2 HRS MOS YRS		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. REFERRAL NUMBER 110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT LAST SEEN ALIVE MM/DD/CCYY 10/11/2001 11/17/2001		115. SIGNATURE AND TITLE OF CERTIFIER [Signature] MD		116. LICENSE NO. A32106	
117. DATE MM/DD/CCYY 11/20/2001		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP VINOD KAURA, MD 1800 N. WESTERN AVE SAN BERNARDINO, CA 92411			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. HOUR DATE MM/DD/CCYY 122. HOUR 123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR A3-11-26		B		C	
D		E		F	
G		H		FAX AUTH. # 3846325	
CENSUS TRACT 07405					

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

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DATE ISSUED JAN 04 2024

[Signature]

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CHIEF CLERK
ASSESSOR-RECORDER-CLERK



SAN BERNARDINO, CALIFORNIA

03-001013

DEATHS AFTER 1-1984

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

3 2 0 0 1 3 6 0 . 1 0 2 0 0

3052001192681

STATE FILE NUMBER

[illegible]

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

US 242 Dec. 1/89
94 2873

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STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

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ASSESSOR-RECORDER-CLERK

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0 0 2 9 5 0 8 5 5

CHRIS WILMITE
ASSESSOR-RECORDER-CLERK



SAN BERNARDINO, CALIFORNIA

3 05 2001 192681

AFFIDAVIT TO AMEND A RECORD

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

3 2 0 0 1 3 6 0 1 0 2 0 0
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

03-001012

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE
ITEM PER
LINE

REASON FOR
CORRECTION

**AFFIDAVITS
AND
SIGNATURES**

**TWO
PERSONS
MUST SIGN
THIS FORM**

**USE
BLACK INK
ONLY**

STATE/LOCAL
REGISTRAR
USE ONLY

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

RECEIVED

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

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