


COPY

DE-111

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands TELEPHONE NO.: (909) 307-2000 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): Sandra Guerrero		STATE BAR NO.: STATE: CA ZIP CODE: 92373 FAX NO.: (909) 307-2055	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third St MAILING ADDRESS: 247 W. Third St CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO AUG 15 2023  BY: Valerie Campos, Deputy	
ESTATE OF (name): Arthur David Guerrero, aka Arthur D Guerrero, aka Arthur Guerrero <div style="text-align: right;">DECEDENT</div>		CASE NUMBER: DD0112300027 TR0112300027	
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: SEP 28 2023 9:00am	
		DEPT.: F3	

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

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

2. Petitioner (name each): Sandra Guerrero

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

b. (name): Sandra Guerrero

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):

True and correct copy of Decedent's death certificate attached as "Exhibit A."

3. a. Decedent died on (date): 06/25/2023

at (place): Loma Linda, 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):

9990 Claremont Ave, Bloomington, San Bernardino County, California 92316

ESTATE OF (name):

Arthur David Guerrero, aka Arthur D Guerrero,
aka Arthur Guerrero

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$ 5,000.00
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 5,000.00
- (4) Gross fair market value of real property: \$ 500,000.00
- (5) (Less) Encumbrances: (\$ 220,000.00)
- (6) Net value of real property: \$ 280,000.00
- (7) Total (add (3) and (6)): \$ 285,000.00

- 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): Daughter
- (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): Arthur David Guerrero, aka Arthur D Guerrero,
aka Arthur Guerrero

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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): Arthur David Guerrero, aka Arthur D Guerrero,
aka Arthur Guerrero

CASE NUMBER:

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8. Name and relationship to decedent

Sandra Guerrero
Daughter

Age

Adult 34995 Vickey Way, Yucaipa, CA 92399

Address

Erika Wetmore
Daughter

Adult 34995 Vickey Way, Yucaipa, CA 92399

David Arthur Guerrero
Son

Deceased, no issue

☐ Continued on Attachment 8.

9. Number of pages attached: 6

Date: 8/19/2023

Shelby T. Phillips, Esq.

(TYPE OR PRINT NAME OF ATTORNEY)

Shelby T. Phillips

(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: 8/17/23

Sandra Guerrero

(TYPE OR PRINT NAME OF PETITIONER)

[Signature]

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

PETITION FOR PROBATE
(Probate-Decedents Estates)

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands TELEPHONE NO.: (909) 307-2000 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): Sandra Guerrero	STATE BAR NO.: STATE: CA ZIP CODE: 92373 FAX NO.: (909) 307-2055	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third St MAILING ADDRESS: 247 W. Third St CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division		
ESTATE OF (Name): Arthur David Guerrero, aka Arthur D Guerrero, aka Arthur Guerrero, DECEDENT		
WAIVER OF BOND BY HEIR OR BENEFICIARY <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

- 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): Sandra Guerrero

Date: 8-7-23

Erika Wetmore

(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).)

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

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

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

Page 1 of 1

CEB Essential
Forms

WMN - Guerrero, Arthur - PROBATE

attachment 3e(3)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): Sandra Guerrero	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third St MAILING ADDRESS: 247 W. Third St CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division	
ESTATE OF (Name): Arthur David Guerrero, aka Arthur D Guerrero, aka Arthur Guerrero, DECEDENT	
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- 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

- 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): Sandra Guerrero

Date: 8/1/23

Sandra Guerrero

(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).)

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

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

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

Page 1 of 1

attachment 3e(3)

ATTACHMENT 3g(2)(b)

1 WILLIAM M. NASSAR & ASSOCIATES
2 Shelby T. Phillips, Esq., CSBN [318651]
1461 Ford Street, Suite 203
3 Redlands, CA 92373
Telephone: (909) 307-2000
4 Fax: (909) 307-2055
5 Email: Sphillips@nassarlaw.com

6 Attorney for Sandra Guerrero

7
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **COUNTY OF SAN BERNARDINO**
10 **SAN BERNARDINO JUSTICE CENTER-PROBATE DIVISION**

11 In re Estate of:

12
13 ARTHUR DAVID GUERRERO, aka
14 ARTHUR D. GUERRERO, aka ARTHUR
GUERRERO

15
16 Decedent.

CASE NO:

DECLINATION TO SERVE AS
ADMINISTRATOR AND NOMINATION

Date:
Time:
Dept:

17
18
19 I, the undersigned, state that I am the daughter of the Decedent herein.

20 I decline to act as Administrator of the Estate of Arthur David Guerrero.

21 I nominate Sandra Guerrero to act as Administrator of the Estate of Arthur David Guerrero,
22 and request that she be appointed the Administrator of the Estate.

23
24 DATED: 8-7-23

25 
ERIKA WETMORE

EXHIBIT A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052023141369

CERTIFICATE OF DEATH

3202336007551

1. NAME OF DECEDENT - FIRST, MIDDLE, LAST ARTHUR		2. MIDDLE DAVID		3. LAST (Family) GUERRERO	
4. DATE OF BIRTH mm/dd/yyyy 06/17/1943		5. AGE Yrs. 80		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]		9. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. MARITAL STATUS (at time of death) DIVORCED		11. DATE OF DEATH mm/dd/yyyy 06/25/2023		12. HOUR (P1) Hour 0525	
13. EDUCATION - Highest (Last of four) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) SPANISH	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MECHANIC		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTO REPAIR		18. YEARS IN OCCUPATION 64	
19. DECEDENT'S RESIDENCE (Street and number, or location) 9990 CLAREMONT AVE		20. CITY BLOOMINGTON		21. COUNTY/PROVINCE SAN BERNARDINO	
22. ZIP CODE 92316		23. YEARS IN COUNTY 80		24. STATE/FOREIGN COUNTRY CA	
25. INFORMANT'S NAME, RELATIONSHIP SANDRA MARIE GUERRERO, DAUGHTER		26. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. box, city, state, and zip) 84995 VICKY WAY, YUCAIPA, CA 92399			
27. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST EVELYN		28. MIDDLE KATHERINE		29. LAST BIRTH NAME GARCIA	
30. NAME OF FATHER/PARENT-FIRST ARTHUR		31. MIDDLE HENRY		32. LAST BIRTH NAME GUERRERO	
33. NAME OF MOTHER/PARENT-FIRST EVELYN		34. MIDDLE KATHERINE		35. LAST BIRTH NAME GARCIA	
36. PLACE OF DEATH VA MEDICAL CENTER-LOMA LINDA		37. TYPE OF DEATH BURIAL		38. SIGNATURE OF EMBALMER NOT EMBALMED	
39. NAME OF FUNERAL ESTABLISHMENT ACCORD CREMATION & BURIAL SERVICES		40. LICENSE NUMBER FD1685		41. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD	
42. DATE 06/28/2023		43. PLACE OF DEATH VA MEDICAL CENTER-LOMA LINDA		44. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA	
45. COUNTY SAN BERNARDINO		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11201 BENTON STREET		47. CITY LOMA LINDA	
48. CAUSE OF DEATH STROKE		49. IMMEDIATE CAUSE HYPERTENSION		50. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 LEFT-VENTRICULAR SYSTOLIC DYSFUNCTION		52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		53. DECEDENT PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: ARTHUR Date: 06/25/2023 Place: VA MEDICAL CENTER-LOMA LINDA		55. SIGNATURE AND TITLE OF CERTIFIER RUSSELL EVAN HOXIE JR., MD		56. LICENSE NUMBER G67107	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RUSSELL EVAN HOXIE JR., MD		58. DATE 06/26/2023		59. INJURY DATE mm/dd/yyyy 06/26/2023	
60. 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"/> Court-ordered		61. INJURED AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		62. INJURY DATE mm/dd/yyyy 06/26/2023	
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		64. DESCRIBE HOW INJURY OCCURRED (explain when filled in by coroner) [REDACTED]		65. LOCATION OF INJURY (Street and number, or location, city, and state) [REDACTED]	
66. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		67. DATE mm/dd/yyyy 06/26/2023		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
69. STATE REGISTRAR A		70. FAX AUTH#		71. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

JUN 30 2023

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.

MICHAEL A. SEQUEIRA, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

